


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000052876 1. Entity Name CENTURY SERVICE SYSTEMS, INC.	
---	---

Principal Place of Business 1055 SW 30TH AVE. DEERFIELD BEACH, FL 33442 US	Mailing Address 1055 SW 30TH AVE. DEERFIELD BEACH, FL 33442 US
--	--



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0505139	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGBAUM, GARY
C/O CENTURY SERVICE SYSTEMS, INC.
1055 S.W. 30TH AVE.
DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000654128
03/13/07-80049-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KENNETH 2201 N.W. 57TH STREET BOCA RATON, FL 33494
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGBAUM, GARY 2301 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 954 421-3344
Date Daytime Phone #