

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067615

FILED
Apr 29, 2009
Secretary of State

Entity Name: CENTURY ASSET MANAGEMENT, INC.

Current Principal Place of Business:

500 S FLORIDA AVE
STE 700
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

500 S FLORIDA AVE
STE 700
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3326588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFARLANE, PETER A PA
500 S FLORIDA AVE
STE 715
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: TUBB, JOHN B
Address: 575 TIFFANY TERR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MAXWELL, LAWRENCE W
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: PT () Delete
Name: MAXWELL, LAWRENCE T
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: AT () Delete
Name: KELLEY, KIM S
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: AS () Delete
Name: EBDROP, BRIDGET
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEE, JIM D
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: T (X) Change () Addition
Name: FALK, BENJAMIN D E
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: PD (X) Change () Addition
Name: MAXWELL, LAWRENCE T
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM D LEE

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date