2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000052808

CENTURY MOBILE MANOR, INC.

Principal Place of Business

1951 LAKE DAISY RD. WINTER HAVEN, FL 33884

Mailing Address

29605 US 19 N.

#1360

CLEARWATER, FL 34621

FILED Feb 27, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
59-3387130		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

Name and Address of Current Registered Agent

PEASE, THOMAS E CPA CRITERION CENTER, SUTIE 130 29605 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34621

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or preted name of registered agent and titls if applicable (NOTE: Registered Agent agnature required when renatitating) OATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS E. PEASE 29065 US 19 NORTH #130 CLEARWATER, FL 33761					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDTS BRANTON, ELIZABETH 3301 AVE G NW WINTER HAVEN, FL 33880				00000000000000000000000000000000000000	
TITLE NAME STREET AODRESS CITY-ST-ZIP	PD BRANTON, GEORGE 3301 AVE G NW WINTER HAVEN, FL 33880			grande en	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-5T-ZIP						

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

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: