


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90160 022 ***150.00

DOCUMENT # P96000052808

1. Entity Name
CENTURY MOBILE MANOR, INC.



Principal Place of Business Mailing Address

**1951 LAKE DAISY RD.
WINTER HAVEN FL 33884
US**

**29605 US 19 N.
#1360
CLEARWATER FL 34621
US**



2. Principal Place of Business - No P.O. Box #
29605 US 19

Suite, Apt. #, etc.
130

City & State
CLEARWATER FL

Zip
33761

Country
PINELLAS

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3387130** Applied For
 Not Applicable

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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS E. PEASE
STREET ADDRESS	29065 US 19 NORTH #130
CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	VDTS <input type="checkbox"/> Delete
NAME	BRANTON, ELIZABETH
STREET ADDRESS	3301 AVE G NW
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	PD <input type="checkbox"/> Delete
NAME	BRANTON, GEORGE
STREET ADDRESS	3301 AVE G NW
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas E Pease Date: 4/15/08 Daytime Phone: 727-785-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: THOMAS E PEASE