

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/6/21

FILED
Sep 10, 2004 8:00 am
Secretary of State

08-06-2004 90006 031 ***150.00

DOCUMENT # P97000022765

1. Entity Name

CENTURION INVESTMENTS PROPERTIES, INC.



Principal Place of Business

405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE SPRINGS FL 32714

Mailing Address

405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE SPRINGS FL 32714

66433381



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3434878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDGE, WALTER E.
405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE SPRINGS FL 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KAHN, JEROME B | |
| STREET ADDRESS | 2102 ROYAL FERN CT. | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | JACONETTI, GEORGE W | |
| STREET ADDRESS | 733 W. STATE ROAD 436 SUITE 2001 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JUDGE, WALTER E | |
| STREET ADDRESS | 405 DOUGLAS AVE., SUITE 1955 | |
| CITY-ST-ZIP | LONGWOOD FL 32714 | |
| 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 |
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter E Judge Vice Pres

Date

Daytime Phone #

8/2/04

407-774-1600

Attachment

66433381

Centurion Investments Properties, Inc.

405 Douglas Ave., Suite 1955
Altamonte Springs, FL 32714
Phone: (407) 774-1600 Facsimile: (407) 774-9011

August 31, 2004

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Subject: Centurion Investments Properties, Inc.

Reference Number: P97000022765

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

We have are returning 2004 For Profit Corporation Annual Report (AR), with block marked for late fee to be waived per our phone conversation. Sorry for inconvenience that not originally putting an X in this block caused.

Thank you for your time and help in correcting this matter.

Sincerely,

Kay Gamble

Kay Gamble
Bookkeeper