


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90228 022 ***150.00

DOCUMENT # P97000100254 1. Entity Name CENTURY DEVELOPMENT OF COLLIER COUNTY, INC.		
Principal Place of Business 1061 COLLIER CENTER WAY NAPLES, FL 34110	Mailing Address 1061 COLLIER CENTER WAY NAPLES, FL 34110	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LESTER, DON E 1061 COLLIER CENTER WAY NAPLES, FL 34110		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaking)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LESTER, DEAN C 8927 KONA ISLE CT. ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LESTER, SUZANNE F 1061 COLLIER CENTER WAY NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WICKLIFFE, CHARLES D 27056 JARVIS ROAD BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESTER, DON E 1061 COLLIER CENTER WAY NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, DON E 1061 COLLIER CENTER WAY NAPLES, FL 34110	
TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-29-05 239-595-1000 <small>Date Daytime Phone #</small>