


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90499 027 ***150.00

DOCUMENT # P98000065076

1. Entity Name
 CENTURY PLUS FINANCIAL, INC.



Principal Place of Business: 333 S TAMIAMI TRAIL, VENICE, FL 34285

Mailing Address: P.O. BOX 18571, SARASOTA, FL 34276


2. Principal Place of Business: **1474 TRUNE WAY**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **VENICE FL**

City & State: Suite, Apt. #, etc.

Zip: **34292** Country: [Blank]



04272005 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0850632**

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

6. Name and Address of Current Registered Agent

MOREY, ROBERT C
~~333 S TAMIAMI TRAIL~~
 VENICE, FL 34285


7. Name and Address of New Registered Agent

Name: [Blank]

Street Address (P.O. Box Number is Not Acceptable): **1474 TRUNE WAY**

City: **VENICE** State: **FL** Zip Code: **34292**

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:  **ROBERT C. MOREY** DATE: **4/28/05**

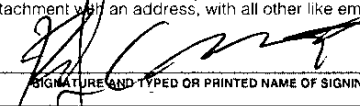
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MARK	NAME	
STREET ADDRESS	1474 TRUNE WAY	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREY, ROBERT C	NAME	
STREET ADDRESS	1474 TRUNE WAY	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **ROBERT C. MOREY** DATE: **4/28/05** PHONE: **941-488-9514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #