

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90040 035 ***150.00

DOCUMENT # P99000096877

1. Entity Name
CENTENNIAL ATLANTA, INC.



Principal Place of Business
**1730 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334**

Mailing Address
**2101 W COMMERCIAL BLVD STE 2800
FORT LAUDERDALE, FL 33309**

20007716



2. Principal Place of Business - No P.O. Box #
3700 Airport Road

3. Mailing Address

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.

City & State
BocaRaton, FL

City & State

01092007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0960427

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

**FORMAN, ROBERT S ESQ.
2101 WEST COMMERCIAL BOULEVARD
SUITE 2800
FT LAUDERDALE, FL 33309**

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 \$150.00
After May 1, 2007 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 **P** ☐ Delete
NAME **SHIMM, KENNETH L**
STREET ADDRESS **2101 W COMMERCIAL BLVD, SUITE 2800**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **D** ☐ Delete
NAME **SHIMM, STACEY**
STREET ADDRESS **2101 W COMMERCIAL BLVD, SUITE 2800**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **P** ☐ Delete
NAME **SHIMM, KENNETH L**
STREET ADDRESS **2101 W. COMMERCIAL BLVD #4100**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth L. Shimm, President

3/7/07

Date

561-391-1751

Daytime Phone #