

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 036 \*\*\*150.00

DOCUMENT # P99000104333

1. Entity Name

CENTURY INVESTMENT SECURITIES, INC.



Principal Place of Business

1290 S. OCEAN BLVD.  
PALM BEACH FL 33480

Mailing Address

1290 S. OCEAN BLVD.  
PALM BEACH FL 33480

2. Principal Place of Business

220 SUNRISE AVENUE

Suite, Apt. #, etc.

SUITE 207

City & State

PALM BEACH, FL

Zip  
33480

Country  
PALM BEACH

3. Mailing Address

220 SUNRISE AVENUE

Suite, Apt. #, etc.

SUITE 207

City & State

PALM BEACH, FL

Zip  
33480

Country  
PALM BEACH



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0967730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOCHMAN, RONALD S  
KOCHMAN & BRAUN PLC  
222 LAKEVIEW AVENUE, SUITE 950  
W. PALM BEACH FL 33401

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

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, 2005 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MARDEN, BERNARD A  
1290 S. OCEAN BLVD  
PALM BEACH FL 33480

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05

Date

561-833-2001

Daytime Phone #