

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000110235

1. Entity Name

CENTURY CARE CENTER INVESTORS, INC.



Principal Place of Business

2851 REMINGTON GREEN CIR., STE. D
TALLAHASSEE, FL 32308

Mailing Address

2851 REMINGTON GREEN CIR., STE. D
TALLAHASSEE, FL 32308

FILED

2007 MAR 20 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITTMAN, MICHAEL J
301 E PINE ST
STE 1400
ORLANDO, FL 32801

**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

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

200095175642
03/28/07--01043--028 **150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MITCHELL, JOSEPH D
STREET ADDRESS	2851 REMINGTON GREEN CIR., STE. D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	FARMER, C. GUY
STREET ADDRESS	2851 REMINGTON GREEN CIR., STE. D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

C. G. Farmer C. G. FARMER, Secy 2/26/07 850-386-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #