2008 FOR PROFIT ORPORATION 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

08 MAR 25 PM 1: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01152008

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32801			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registerer	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOSEPH D 2851 REMINGTON GREEN CIR., STE TALLAHASSEE, FL 32308	E. D	.000121215880			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, C. GUY 2851 REMINGTON GREEN CIR., STE. D TALLAHASSEE, FL 32308			03/25	/0801036022 **1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						26
TITLE	l		1		:	

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:

NAME STREET ADDRESS CITY-ST-ZIP

> MANUS C. G. FAKMER - JE EN STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

850-386-2522

Daytime Phone #