

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S91765</b>	
1. Entity Name CENTURY CARE CENTER, INC.	



Principal Place of Business 2851 REMINGTON GREEN CIRCLE, STE. D TALLAHASSEE, FL 32308 US	Mailing Address 2851 REMINGTON GREEN CIRCLE, STE. D TALLAHASSEE, FL 32308 US
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FILED  
05 APR 12 AM 11:30  
TALLAHASSEE, FLORIDA



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3169728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

300053929383  
05/06/05--01002--016 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: C.G. FARMER Secy. 4/10/05 850-386-2522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #