

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S91765

1. Entity Name  
CENTURY CARE CENTER, INC.



SECRETARY OF STATE  
DIVISION OF CORPORATION

06 MAR 15 AM 11:00

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



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3169728

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PIERCE, ROBERT A  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

500068557825  
03/24/06--01004--010 \*\*150.00

**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, Sec.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/06 850-386-2522  
Date Daytime Phone #

M. Williams MAR 15 2006