



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S91765 1. Entity Name CENTURY CARE CENTER, INC.	
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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
2007 MAR 20 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	500095181485 03/29/07--01002--024 **150.00
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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	B 3/20/07

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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. GUY FARMER, Secy. 2/26/07 850-386-2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #