

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S91765

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

FILED

08 MAR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152008 No Chg-P CR2E034 (11/05)

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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

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, 2008 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900121225469
03/25/08--01035--024 **150.00

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

3/24/08
Date

850-386-2522
Daytime Phone #