

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90013 012 \*\*\*158.75

**DOCUMENT # 394620**

1. Entity Name

PARK MANOR OF PUTNAM COUNTY, INC.



Principal Place of Business

109 CARLOS CT  
PALATKA FL 32177

Mailing Address

P O BOX 614  
PALATKA FL 32178

2. Principal Place of Business

102 CARLOS CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALATKA FL

City & State

Zip

32177

Country

PUTNAM

Country

4. FEI Number

59-1381291

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATTEA, FRANK  
109 CARLOS CT  
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name FRANK MATTEA

Street Address (P.O. Box Number is Not Acceptable)

102 CARLOS CT

City PALATKA

FL

Zip Code

32177

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 *Frank Mattea* (FRANK MATTEA P)

3-1-04

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME ST  
STREET ADDRESS MATTEA, ROSEMARIE  
CITY-ST-ZIP 109 CALOS COURT  
PALATKA FL 32177 ☐ Delete

TITLE  
NAME P  
STREET ADDRESS MATTEA, FRANK  
CITY-ST-ZIP P O BOX 614  
PALATKA FL 32177 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ST  
STREET ADDRESS ROSEMARIE MATTEA ☒ Change ☐ Addition  
CITY-ST-ZIP 102 CARLOS CT  
PALATKA FL 32177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Frank Mattea* (FRANK MATTEA) 3-1-04 386-328-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #