


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90120 011 ***558.75

DOCUMENT # F32291			
1. Entity Name LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.			
Principal Place of Business 11329 CR 561A <i>Lake Minneola Shores</i> CLERMONT, FL 34715 US <i>Minneola</i>		Mailing Address 11329 CR 561A <i>Lake Minneola Shores</i> CLERMONT, FL 34715 US <i>Minneola</i>	
2. Principal Place of Business 11329 <i>Lake Minneola Shores</i>		3. Mailing Address 11329 <i>Lake Minneola Shores</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Minneola Fla.</i>		City & State <i>Minneola Fla.</i>	
Zip <i>34715</i>		Zip <i>34715</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent HERBERT L. ROGERS JR 11329 CR 561A <i>Lake Minneola Shores</i> CLERMONT, FL 32711 <i>Minneola Fla 34715</i>		7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>11329 Lake Minneola Shores</i> <i>34715</i> City <i>Minneola</i> FL Zip Code 32711	
8. The above named entity submits this statement for the purpose of <u>changing its registered office</u> or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>N/A</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	TITLE	<i>Herbert L. Rogers Jr.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HERBERT L., JR.	NAME	<i>President</i>
STREET ADDRESS	11329 CR 561A	STREET ADDRESS	<i>11329 Lake Minneola Shores</i>
CITY-ST-ZIP	CLERMONT, FL	CITY-ST-ZIP	<i>Minneola FLA 34715</i>
TITLE	TAS	TITLE	<i>Teresa Knight - Vice-Pres & Treasurer</i>
NAME	KNIGHT, TERESA A.	NAME	<i>Add ZIP 34711 - Same Address</i>
STREET ADDRESS	340 W. MINNEHAHA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL	CITY-ST-ZIP	
TITLE	S	TITLE	<i>Add zip 32443</i>
NAME	GULLETT, PATRICIA L.	NAME	
STREET ADDRESS	4238 ROGERS RD	STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Herbert L. Rogers Jr.</i>		Date: <i>8/16/04</i> [352-394-5621]	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

Vice-Pres Teresa Knight > *Herbert L. Rogers Jr* > *9/1/04* *352-394-4975*
Treasurer Teresa Knight > *President*