

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # F32291
 1. Entity Name
 LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.



Principal Place of Business Mailing Address
 11329 LAKE MINNEOLA SHORES 11329 LAKE MINNEOLA SHORES
 MINNEOLA, FL 34715 US MINNEOLA, FL 34715 US



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2082592 Not Applicable

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

6. Name and Address of Current Registered Agent
 HERBERT L. ROGERS JR
 11329 LAKE MINNEOLA SHORES
 MINNEOLA, FL 34715

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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. *N/A*

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERS, HERBERT L., JR.
STREET ADDRESS	11329 LAKE MINNEOLA SHORES
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	VT
NAME	KNIGHT, TERESA A.
STREET ADDRESS	340 W. MINNEHAHA AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	GULLETT, PATRICIA L.
STREET ADDRESS	4238 ROGERS RD
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/09/07-80071-022 150.00

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: *Herbert L. Rogers, Jr.* Date: *4/19/07* Daytime Phone #: *352-394-5621*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert L. Rogers, Jr.