


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715 US	Mailing Address 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2082592	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, HERBERT L., JR. 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KNIGHT, TERESA A. 340 W. MINNEHAHA AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULLETT, PATRICIA L. 4238 ROGERS RD GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000943124
05/29/08-80045-038 150.00

U00000943124
05/29/08-80045-039 8.75

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.* *Herbert L. Rogers Jr.* *4-25-8* *352-394-5621*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #