



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # H01835</b><br>1. Entity Name<br><b>PLYMOUTH HOME FOR ADULTS, INC.</b>   |  |  |  |                               |  |
| Principal Place of Business<br><b>% CARLOS MORALES</b><br><b>3225 PLYMOUTH STREET</b><br><b>JACKSONVILLE, FL 32205</b>  |  | Mailing Address<br><b>% CARLOS MORALES</b><br><b>3225 PLYMOUTH STREET</b><br><b>JACKSONVILLE, FL 32205</b>           |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |                             |  |
| City & State  |  | City & State   |  | 07202005 Chg-P CR2E034 (10/03)   |  |
| Zip Country   |  | Zip Country  |  | 4. FEI Number<br><b>59-2401554</b>   |  |
| 5. Certificate of Status Desired  |  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br><input type="checkbox"/> Not Applicable |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MORALES, CARLOS</b><br><b>3225 PLYMOUTH STREET</b><br><b>JACKSONVILLE, FL 32205</b>  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br><b>MORALES, CARLOS</b><br><b>3225 PLYMOUTH STREET</b><br><b>JACKSONVILLE, FL</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000374185<br>07/22/05-80011-016 558.75 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |  |  |  |  |  |
| <b>SIGNATURE:</b> <i>Carlos Morales</i>   |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date: <i>07/20/2005</i> Daytime Phone #: <i>(904) 384-5796</i>   |  |