

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01835

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** PLYMOUTH HOME FOR ADULTS, INC.

**Current Principal Place of Business:**

% CARLOS MORALES  
3225 PLYMOUTH STREET  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

% CARLOS MORALES  
3225 PLYMOUTH STREET  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 59-2401554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MORALES, CARLOS  
3225 PLYMOUTH STREET  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MORALES, CARLOS  
Address: 3225 PLYMOUTH STREET  
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS MORALES

ADMI

04/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date