


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010838
 1. Entity Name
ABILITIES AT SAN JUAN II, INC.



Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760	Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33758
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0491999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEVILLE, MIKE
 2735 WHITNEY ROAD
 CLEARWATER, FL 33760

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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.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SANDONATO, WILLIAM JR 2735 WHITNEY ROAD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KREISLE, LORI 2735 WHITNEY RD. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD NEVILLE, MIKE 2735 WHITNEY ROAD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KLENKE, GUY 2735 WHITNEY ROAD CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/28/05-80008-014 61.25

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 617, 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: *Lori Kreisle* 2/16/05 (727) 538-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #