

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132041

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: ALLEGIANCE PROPERTIES 1, INC.

## Current Principal Place of Business:

201 NORTH SUNSET DRIVE  
CASSELBERRY, FL 32707

## New Principal Place of Business:

6701 DAIRY ROAD  
ZEPHYR HILLS, FL 33542

## Current Mailing Address:

201 NORTH SUNSET DRIVE  
CASSELBERRY, FL 32707

## New Mailing Address:

6701 DAIRY ROAD  
CASSELBERRY, FL 33542

FEI Number: 45-0504450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEGIANCE SENIOR CARE, INC.  
6701 DAIRY ROAD  
ZEPHYRHILLS, FL 33542 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: KLINOWSKI, JR, JOHN G DIRECTO  
Address: 829 EASTWOOD DRIVE  
City-St-Zip: GOLDEN, CO 80401

Title: PRES ( ) Delete  
Name: KLINOWSKI JR, JOHN G MR  
Address: 829 EASTWOOD DRIVE  
City-St-Zip: GOLDEN, CO 80401

Title: SEC ( ) Delete  
Name: KLINOWSKI, DOUGLAS M MR  
Address: 6701 DAIRY ROAD  
City-St-Zip: ZEPHYR HILLS, FL 33542

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN G. KLINOWSKI JR

PRES

07/15/2008

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

\_\_\_\_\_  
Date