

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H01835

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

**Current Principal Place of Business:**

% CARLOS MORALES  
3225 PLYMOUTH STREET  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

% CARLOS MORALES  
3225 PLYMOUTH STREET  
JACKSONVILLE, FL 32205

**FEI Number: 59-2401554**

**Certificate of Status Desired: Yes**

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

MORALES, CARLOS  
3225 PLYMOUTH STREET  
JACKSONVILLE, FL 32205 US

*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

**Officer/Director Detail :**

Title DP  
Name MORALES, CARLOS  
Address 3225 PLYMOUTH STREET  
City-State-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**

**DIRECTOR/ PRESIDENT**

**02/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date