

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000032194

**Entity Name:** M & J RESIDENTIAL CARE, INC.

**Current Principal Place of Business:**

4819 CHEVAL BLVD.  
LUTZ, FL 33558

**Current Mailing Address:**

4819 CHEVAL BLVD.  
LUTZ, FL 33558 US

**FEI Number:** 83-4537099

**Certificate of Status Desired:** No

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

BUCHANAN -GRADDY, MARLENE H MRS  
4819 CHEVAL BLVD.  
LUTZ, FL 33558 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 COO  
Name BUCHANAN - GRADDY, MARLENE H MRS  
Address 4819 CHEVAL BLVD.  
City-State-Zip: LUTZ FL 33558

Title CFO  
Name BUCHANAN, JACQUELINE H MS  
Address 4819 CHEVAL BLVD  
City-State-Zip: LUTZ FL 33558

*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:** MARLENE BUCHANAN-GRADDY

**CHIEF OPERATING  
OFFICER**

**06/28/2020**

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

\_\_\_\_\_  
Date