

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253110

Entity Name: ALPAT GROVE CARE COMPANY

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

9425 CARLTON ROAD
FORT PIERCE, FL 34988

New Principal Place of Business:

Current Mailing Address:

PO BOX 700
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-0929592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVERGNE, TERREL J
PO BOX 700
205 SW 1ST STREET
BELLE GLADE, FL 33430 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, STEVEN L
Address: 205 SW 1ST ST
City-St-Zip: BELLE GLADE, FL

Title: D () Delete
Name: LEE, GARY
Address: 515 BRYAN ST
City-St-Zip: KISSIMMEE, FL 32741

Title: D () Delete
Name: KERR, ROBERT
Address: HWY. 17 AND HWY. 92
City-St-Zip: DAVENPORT, FL

Title: D () Delete
Name: LAVERGNE, TERREL J
Address: 205 SW 1ST STREET
City-St-Zip: BELLE GLADE, FL 33430

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN L. WILLIAMS

P

01/27/2005

Electronic Signature of Signing Officer or Director

Date