


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM  
Secretary of State

DOCUMENT # 347304	
1. Entity Name SANTA ROSA CONVALESCENT HOME, INCORPORATED	

Principal Place of Business 5386 BROAD STREET MILTON, FL 32570	Mailing Address 5386 BROAD STREET MILTON, FL 32570
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04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1313375	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  FORTUNE, EDMOND M 4971 CHUMUCKLA HWY PACE, FL 32571
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U000000112499

04/14/04-80026-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTUNE, EDMOND 4971 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORTUNE, RUTHIE 4971 CHUMUCKLA HWY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTUNE, TERRY L 4960 FOREST CREEK PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHCUTT, FELICIA 5449 ROWE TRL PACE, FL 32573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, 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: Edmond M Fortune 4/12/04 85D 994 5386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #