

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606771

FILED
Apr 08, 2005
Secretary of State

Entity Name: ST. ANTHONY'S RETIREMENT HOME, INC.

Current Principal Place of Business:

206 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2819 EMBASSY DRIVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 646
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 59-1888769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLAR, JO ANN
2819 EMBASSY DR.
WEST PALM BCH, FL 33401 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: SD () Delete
Name: KOLAR, JO ANN,
Address: 206 PALM BEACH LAKES BLV
City-St-Zip: W PALM BEACH, FL

Title: PD () Delete
Name: KOLAR, JO ANN,
Address: 206 PALM BEACH LAKES BLV
City-St-Zip: W PALM BEACH, FL

Title: VTD () Delete
Name: KOLAR, JO ANN,
Address: 206 PALM BEACH LAKES BLV
City-St-Zip: W PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: KOLAR, JO ANN,
Address: 2819 EMBASSY DRIVE
City-St-Zip: W PALM BEACH, FL

Title: PD (X) Change () Addition
Name: KOLAR, JO ANN,
Address: 2819 EMBASSY DRIVE
City-St-Zip: W PALM BEACH, FL

Title: VTD (X) Change () Addition
Name: KOLAR, JO ANN,
Address: 2819 EMBASSY DRIVE
City-St-Zip: W PALM BEACH, FL

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: JOANN KOLAR

SD

04/08/2005

Electronic Signature of Signing Officer or Director

Date