


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 854418	
1. Entity Name SUBURBAN NURSING & MOBILE HOMES, INC.	

Principal Place of Business 5710 WOOSTER PIKE SUITE 122 CINCINNATI, OH 45227 US	Mailing Address 5710 WOOSTER PIKE SUITE 122 CINCINNATI, OH 45227 US
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DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0742794	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

KELLER, BONNIE J
2850 NEW TAMPA HWY
LAKELAND, FL 33801

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, ARLEENE 5710 WOOSTER PIKE, SUITE 122 CINCINNATI, OH 45227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, BONNIE J 2850 NEW TAMPA HWY LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLER, GERALD L. 2850 NEW TAMPA HWY LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, JEAN 5710 WOOSTER PIKE, SUITE 122 CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/07/05-80071-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-31-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #