


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F32291 1. Entity Name LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.	
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Principal Place of Business 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715 US	Mailing Address 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715 US
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DO NOT WRITE IN THIS SPACE



06022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2082592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERBERT L. ROGERS JR 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, HERBERT L., JR. 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KNIGHT, TERESA A. 340 W. MINNEHAHA AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULLETT, PATRICIA L. 4238 ROGERS RD GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000369098
06/07/05-80001-024 550.00

**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)(i), 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: Herbert L. Rogers Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____