


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F32291</b>	
1. Entity Name <b>LAKE HIGHLANDS RETIREMENT AND NURSING CENTER, INC.</b>	

Principal Place of Business <b>11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715 US</b>	Mailing Address <b>11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  <b>HERBERT L. ROGERS JR 11329 LAKE MINNEOLA SHORES MINNEOLA, FL 34715</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

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	

**DO NOT WRITE IN THIS SPACE**

000000343124  
05/29/08-80045-038 150.00

000000943124  
05/29/08-80045-039 8.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE: Herbert L. Rogers Jr.</b>	<i>Herbert L. Rogers Jr.</i>	<b>4-25-8</b>	<b>352-394-5621</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	