## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2004 8:00 am Secretary of State 03-03-2004 90015 044 \*\*\*158.75

1. Entity Name ROSEWOOD MANOR OF PENSACOLA, INC.					03-03-200	4 9001 5 044 ***1.	58.75	
Principal Place 2 N PALAFOX PENSACOLA,	STREET	Mailing Address 2 N PALAFOX STREET PENSACOLA, FL <del>-32501-</del>	• US					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 64-0821		<del></del>	plied For	
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent		
	and the second s		Name	Transport of the Transport of Transport o				
MCCRORY, SONDRA 2 N PALAFOX STREET PENSACOLA, FL <del>-3250</del> 1			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	-	
	named entity submits this statement for	or the purpose of changing its re	l egistered office or regi	istered agent, or both	n, in the State of Flo	3-3-	and accept	
SIGNATURE_							<u>.                                    </u>	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature req	quired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				\$5.00 May Be Added to Fees				
					CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
10.	OFFICERS AND	DIRECTORS .	11.	ADDITIONS/0				
10. TITLE	OFFICERS AND		1	ADDITIONS/0	317114020 10 071		Addition	
10. TITLE NAME	P	DIRECTORS .	11. TITLE NAME	ADDITIONS/0	31744020 10 011	Shange	☐ Addition	
TITLE	10		TITLE	ADDITIONS/0	5174432513371		☐ Addition	
TITLE NAME	P BELL, SCOTT J		TITLE NAME	ADDITIONS/0	) <u> </u>		☐ Addition	
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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)(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:** 

2004-J. Best, 1/12/04

850-430-018