

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001508

FILED
Jul 13, 2004
Secretary of State

Entity Name: CORAL LANDING ASSISTED LIVING RESIDENCES, INC.

Current Principal Place of Business:

48444 BELL SCHOOL RD.
CALCUTTA, OH 43920

New Principal Place of Business:

Current Mailing Address:

48444 BELL SCHOOL RD.
CALCUTTA, OH 43920

New Mailing Address:

FEI Number: 34-1856982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEYO, EDWARD R JR.
15294 CAPE DRIVE NORTH
JACKSONVILLE, FL 32226 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: CP () Delete
Name: NORDQUIST, THOMAS D
Address: 45439 METZ RD.
City-St-Zip: COLUMBIANA, OH 44408

Title: CV () Delete
Name: GRECO, JOSEPH C
Address: 43 WEST MOHAWK
City-St-Zip: MELVERNE, OH 44644

Title: DT () Delete
Name: PETROZZI, LEE ANN
Address: 38401 VINCENT LANE
City-St-Zip: LISBON, OH 44432

Title: DS () Delete
Name: NORDQUIST, SHERRIE L
Address: 45439 METZ RD.
City-St-Zip: COLUMBIANA, OH 44408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH C. GRECO

CV

07/13/2004

Electronic Signature of Signing Officer or Director

Date