

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71588

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** SHADY PALMS RETIREMENT HOMES, INC.

**Current Principal Place of Business:**

14527 NORTH FLORIDA AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14527 NORTH FLORIDA AVENUE  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-2828154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BENNETT, JR., CHARLES D.  
14527 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

BENNETT, CHARLES D JR.  
14527 N. FLORIDA AVE.  
TAMPA, FL 33613 US

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: CHARLES D. BENNETT, JR.

01/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENNETT, ROBERT S  
Address: 14527 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613 US

Title: S  
Name: BENNETT, BIRDELL H  
Address: 18311 TOMLINSON DR.  
City-St-Zip: LUTZ, FL 33549 US

Title: V  
Name: BENNETT, CHARLES D JR  
Address: 18311 TOMLINSON DRIVE  
City-St-Zip: LUTZ, FL 33549 US

Title: T  
Name: BENNETT, CHARLES D JR  
Address: 18311 TOMLINSON DRIVE  
City-St-Zip: LUTZ, FL 33549 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES D. BENNETT, JR.

V

01/10/2011

Electronic Signature of Signing Officer or Director

Date