

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02102

FILED
Mar 03, 2005
Secretary of State

Entity Name: FT. GAINES NURSING HOME, INC.

Current Principal Place of Business:

101 HARTFORD RD
FT GAINES, GA 31751 US

New Principal Place of Business:

Current Mailing Address:

14010 ROOSEVELT BLVD
709
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 58-1760106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIGLEMAN, RANSOM, III
14010 ROOSEVELT BLVD
709
CLEARWATER, FL 33762 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: PD () Delete
Name: NOBLE, STEPHEN H
Address: 14010 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33762 US

Title: PD () Delete
Name: NOBLE, STEPHEN H
Address: 14010 ROOSEVELT BLVD #709
City-St-Zip: CLEARWATER, FL 33762 US

Title: VSD (X) Delete
Name: STIGLEMAN, RANSOM III
Address: 14010 ROOSEVELT BLVD #709
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NOBLE, STEPHEN H
Address: 14010 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33762 US

Title: VP (X) Change () Addition
Name: STIGLEMAN, RANSOM III
Address: 14010 ROOSEVELT BLVD #709
City-St-Zip: CLEARWATER, FL 33762 US

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: STEPHEN H NOBLE

Electronic Signature of Signing Officer or Director

PRES

03/03/2005

Date