


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K04870
 1. Entry Name
 AMANDAS ADULT FAMILY CARE HOME, INC.



Principal Place of Business 2052-54 SYRACUSE CT. PALM BAY, FL 32905	Mailing Address 2052-54 SYRACUSE CT. PALM BAY, FL 32905
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01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2863915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 LAIDLAW, BERNICE
 2052-2054 SYRACUSE CT., N.E.
 PLAM BAY, FL 32905

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P FERGUSON, PATRICIA 2052-54 SYRACUSE CT PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LAIDLAW, BERNICE 2052-54 SYRACUSE CT PALM BAY, FL 32905
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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 disclosed 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 powers like empowered.

SIGNATURE: *Bernice Laidlaw* 3/19/04 321-981-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #