2004 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # L09039**

Kustina A. Mack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILFD

MANATEE PALMS THERAPEUTIC GROUP HOME, INC. 04 MAR -3 AN ID: 25 SECRETA (1 ... STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % MAXXIMME Sherrie Smith % MANYMANIXX Sherrie Smith 3820 STATE STREET 3820 STATE STREET SANTA BARBARA, CA 93105 SANTA BARBARA, CA 93105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 58-1855101 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change 300029821523 NAME PULLEN, TIMOTHY L NAME 03/03/04--01062--001 STREET ADDRESS **17636.25 STREET ADDRESS 13737 NOEL ROAD CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP Director/Secretary Change XX Addition TITLE DVS XX Delete TITLE SILVER, RICHARD B NAME NAME Caitlin M. Larsen STREET ADDRESS 3820 STATE STREET STREET ADDRESS 3820 State Street SANTA BARBARA, CA 93105 CITY-ST-7IP CITY-ST-ZIP <u>Santa Barbara, CA 93105</u> ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DENT, DENNIS L NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SANTA BARBARA, CA 93105 XXXDelete Asst. Secretary XX Addition ☐ Change TITLE DITLE AS LARSEN, CAITLIN M NAME NAME Kristina A. Mack 3820 STATE STREET STREET ADDRESS STREET ADDRESS 3820 State Street CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY+ST-7IP Santa Barbara, CA 93105 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Kristina A. Mack, Asst. Secretary