2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N04000004117

Entity Name: INDIAN ROCKS ASSISTED LIVING, INC.

Current Principal Place of Business:

12685 ULMERTON ROAD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

12685 ULMERTON ROAD
LARGO, FL 33774

New Mailing Address:

FEI Number: 03-0548503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERGUSON, TIMOTHY A
12685 ULMERTON ROAD
LARGO, FL 33774 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HANNAN, BOB
Address: 7330 SAWGRASS POINT DR.
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete
Name: MEYER, BOBO
Address: 9236 36TH WAY
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete
Name: GUSSLER, RAY
Address: 8995 BAYWOOD PARK CIR.
City-St-Zip: LARGO, FL 33777

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HANNAN, BOB
Address: 7330 SAWGRASS POINT DR
City-St-Zip: PINELLAS PARK, FL 33782

Title: DS (X) Change ( ) Addition
Name: MEYER, BOB
Address: 9236 36TH WAY
City-St-Zip: PINELLAS PARK, FL 33782

Title: DV (X) Change ( ) Addition
Name: GUSSLER, RAY
Address: 8995 BAYWOOD PARK CIR
City-St-Zip: LARGO, FL 33777

Title: DT ( ) Change (X) Addition
Name: RAYMOND, HETTERICH
Address: 421 HAVEN POINT DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DP ( ) Change (X) Addition
Name: FERGUSON, TIMOTHY A
Address: 12685 ULMERTON RD
City-St-Zip: LARGO, FL 33774

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A FERGUSON DP 04/28/2005

Electronic Signature of Signing Officer or Director — Date