2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE A

## **Secretary of State** DOCUMENT # N04000010760 02-07-2006 90029 003 \*\*\*\*61.25 1. Entity Name L AND C GROUP HOME, INC. Principal Place of Business Mailing Address 375 KAYE ST FT PIERCE FL 34947 375 KAYE ST FT PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #. etc. CR2E037 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 51-0537821 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YORK, TOMMY M Street Address (P.O. Box Number is Not Acceptable) 375 KAYE ST FT PIERCE FL 34947 Zip Code City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State . . Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change TILE Detete TITE TOMMY M YORK.-D YORK, CRYSTAL J NAME NAME 375 KAYE ST STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-7IP ☐ Deteta RAMOS, LORETTS J NAME NAME 624 KEARNEY ROAD STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-ZIP CITY-ST- NP TITLE ☐ Charge Addition TITLE [] (helippe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Deleta TITLE ☐ Charge ■ Addition NAME MANUF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 ☐ Charige Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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 life empowered.

E OF SIGNING OFFICER OR DIRECTOR

Mar 03, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

L AND C GROUP HOME, INC. 375 KAYE ST FT PIERCE, FL 34947

Subject: LAND C GROUP HOME, INC.

Reference Number:

-N04000010760 --

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION

Signed + Joetel. Sarry for missing Jungali