2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30108

FILED Apr 30, 2005 Secretary of State

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Entity Nar	me: MCCLOU	JD'S ADULT LIVING FACILITY	, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
140 ASTO QUINCY, F	R AVENUE FL 32352				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
140 ASTO QUINCY, F	R AVENUE FL 32352				
FEI Number:	: 59-2923861	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MCCLOUE 108 ASTO QUINCY, F		JS			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MCCLOUD, RO 108 ASHTOR A QUINCY, FL 3	\VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (MCCLOUD, RO 140 ASTOR AV QUINCY, FL 3	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MCCLOUD, JA 108 ASTOR AV QUINCY, FL 3	/E	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RONALD MCCLOUD PD 04/30/2005