


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 026 ****70.00

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|---|---------------------------|---|---|---|--|-------|---------------------|--|----------------|------------------------|--|-------------|-----------------------|--|-------|---------------------|--|----------------|---------------------------|--|-------------|-------------------|--|
| DOCUMENT # N98000001422 1. Entity Name ARMENIA-EDDY APARTMENTS, INC. | | | |  | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 5707 NORTH 22ND STREET TAMPA, FL 33610 | | | Mailing Address 5707 NORTH 22ND STREET TAMPA, FL 33610 | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | |
| City & State | | | City & State | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | 4. FEI Number 59-3503568 | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MENTAL HEALTH CARE, INC. 5707 NORTH 22ND STREET TAMPA, FL 33610 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | |
| Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D PARRISH, JIMMY</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6219 GENTLE BEN CIRCLE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ZEPHYRHILLS, FL 33544</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D MASSOLIO, JONN</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3403 FOREST BRIDGE CIRCLE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BRANDON, FL 33511</td> </tr> </table> </div> </div> | | | | | | TITLE | D PARRISH, JIMMY | <input checked="" type="checkbox"/> Delete | STREET ADDRESS | 6219 GENTLE BEN CIRCLE | | CITY-ST-ZIP | ZEPHYRHILLS, FL 33544 | | TITLE | D MASSOLIO, JONN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | STREET ADDRESS | 3403 FOREST BRIDGE CIRCLE | | CITY-ST-ZIP | BRANDON, FL 33511 | |
| TITLE | D PARRISH, JIMMY | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 6219 GENTLE BEN CIRCLE | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | ZEPHYRHILLS, FL 33544 | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | D MASSOLIO, JONN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 3403 FOREST BRIDGE CIRCLE | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | BRANDON, FL 33511 | | | | | | | | | | | | | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | |
| D BARRON, ELIZABETH 3325 BAYSHORE BLVD., STE. F-34 TAMPA, FL 33629 | | | D MCINTOSH, DOLORES 2218 MALIBU DR BRANDON, FL 33511 | | | | | | | | | | | | | | | | | | | | |
| DP CHOATE, ROBERT COL. 2866 BAYSHORE TRAILS DR TAMPA, FL 33611 | | | [Empty] | | | | | | | | | | | | | | | | | | | | |
| D ELLIOTT, EDNA 111 S. BOULEVARD TAMPA, FL 33606 | | | [Empty] | | | | | | | | | | | | | | | | | | | | |
| DTS BALLAS, EDWARD 10401 SNUG HARBOR RD., #241 SAINT PETERSBURG, FL 33702 | | | [Empty] | | | | | | | | | | | | | | | | | | | | |
| D RICE, JULIAN 5707 NORTH 22ND STREET TAMPA, FL 33610 | | | [Empty] | | | | | | | | | | | | | | | | | | | | |
| 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 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 like empowered. | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u><i>Ed Ballas</i></u> 5/5/05 (813) 272-2244 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | |

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04212005 Chg-NP CR2E037 (10/03)