

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011660

Entity Name: ASSISTED LIVING OF PASCO, INC.

FILED
Mar 05, 2004
Secretary of State

Current Principal Place of Business:

14605 COFFEY LANE
HUDSON, FL 34667

New Principal Place of Business:

9040 STAR TRAIL
NEW PORT RICHEY, FL 34654

Current Mailing Address:

14605 COFFEY LANE
HUDSON, FL 34667

New Mailing Address:

534 1ST STREET NORTH
ST PETERSBURG, FL 33701

FEI Number: 59-3624477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COFFEY, DOUG
534 1ST STREET N
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MARGE, COFFEY
534 1ST STREET N
SAINT PETERSBURG, FL 33701 US

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: MARGE COFFEY

03/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COFFEY, DOUG
Address: 14605 COFFEY LANE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BYRNE, JOHN
Address: 4401 SPRING LAKE CT.
City-St-Zip: PORT RICHEY, FL 34652

Title: D () Delete
Name: COFFEY, MARGE
Address: 14605 COFFEY LANE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COFFEY, MARGE
Address: 534 1ST STREET N
City-St-Zip: ST PETERSBURG, FL 33701

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

SIGNATURE: MARGE COFFEY

PRES

03/05/2004

Electronic Signature of Signing Officer or Director

Date