

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115244

FILED
Jul 11, 2006
Secretary of State

Entity Name: L & J RETIREMENT HOME, INC.

Current Principal Place of Business:

5540 SW 64TH AVE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5540 SW 64TH AVE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-1062207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD, SUITE 209
OAKLAND PARK, FL 33311 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, PAULINE
Address: 13074 NW 23RD ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD () Delete
Name: HOWARD, LEROY
Address: 13074 NW 23RD ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD () Delete
Name: SIMMONDS, SIMONE
Address: 13074 NW 23RD ST
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAULINE HOWARD

PD

07/11/2006

Electronic Signature of Signing Officer or Director

Date