

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000081559

Entity Name: LIVING QUARTERS, INC.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4801 DECATUR CIRCLE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

4801 DECATUR CIRCLE  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number: 59-3744143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FADDEN, LORRAINE M  
4801 DECATUR CIRCLE  
MELBOURNE, FL 32934 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPT  
Name: STRONG, MICHAEL G  
Address: 2855 ROCK CREEK CIRCLE UNIT 105  
City-St-Zip: SUPERIOR, CO 80027

Title: PS  
Name: FADDEN, LORRAINE M  
Address: 4801 DECATUR CIRCLE  
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE M. FADDEN

PRES

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date