

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078932

FILED
Mar 15, 2004
Secretary of State

Entity Name: LUCHARM ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

51 PERROTTI LN
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

11 COTTAGE GATE CT
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 50-0007889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANILAG, MARIA L
11 COTTAGE GATE CT
PALM COAST, FL 32137 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PANILAG, CHARMAINE
Address: 66 PATRIC DR
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: PANILAG, LOU-WELLAH
Address: 66 PATRIC DR
City-St-Zip: PALM COAST, FL 32164

Title: P () Delete
Name: PANILAG, MARIA L
Address: 11 COTTAGE GATE CT
City-St-Zip: PALM COAST, FL 32137

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 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: CHARMAINE PANILAG

D

03/15/2004

Electronic Signature of Signing Officer or Director

Date