

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90101 042 ***158.75

DOCUMENT # P02000084131	
1. Entity Name FLAMINGO RETREAT THERAPY CENTER, INC.	

Principal Place of Business 1049 KNECHT ROAD NE PALM BAY, FL 32905	Mailing Address 1049 KNECHT ROAD NE PALM BAY, FL 32905
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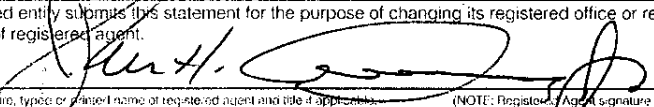
2. Principal Place of Business 2801 SANDTRAP LANE Suite, Apt. #, etc. #D	3. Mailing Address 2801 SANDTRAP LANE Suite, Apt. #, etc. #D
City & State MELBOURNE, FLORIDA	City & State MELBOURNE, FLORIDA
Zip 32935	Country USA
Zip 32935	Country USA

07032004 Chg-P CR2E034 (10/03)

4. FEI Number 02-0672397	Applied For ☐ Not Applicable
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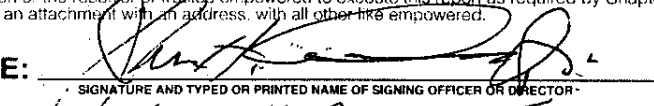
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLSPAUGH, CHARLOTTE W 1049 KNECHT ROAD NE PALM BAY, FL 32905	
7. Name and Address of New Registered Agent Name JOHN H. ARNOLD JR. Street Address (P.O. Box Number is Not Acceptable) 2801 SANDTRAP LANE #D City MELBOURNE FL Zip Code 32935	

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 	DATE 7-2-04

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSD MILLSPAUGH, CHARLOTTE W 1049 KNECHT ROAD NE PALM BAY, FL 32905 ☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VTD ARNOLD, JR., JOHN H 141 SAN JUAN CIRCLE MELBOURNE, FL 32935 ☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☒ Change ☐ Addition 2801 SANDTRAP LANE #D MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition

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 607, 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: 	DATE 7/2/04 321-403-8474