2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90101 042 ***158.75

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1. Entity Name
FLAMINGO RETREAT THERAPY CENTER, INC.

54060673

Principal Place of Business	Mailing Address
1049 KNECHT ROAD NE PALM BAY, FL 32905	1049 KNECHT ROAD NE PALM BAY, FL 32905

07032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2801 SANDTRAP LANE	2801 SANDTRAP LANE
Suite, Apt. #, etc.: #D	Suite, Apt. #, etc.: #D
City & State: MELBOURNE, FLORIDA	City & State: MELBOURNE, FLORIDA
Zip: 32935 Country: USA	Zip: 32935 Country: USA

4. FEI Number APPLIED FOR 02-0672397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLSPAUGH, CHARLOTTE W 1049 KNEDHT ROAD NE PALM BAY, FL 32905	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: _____ 7-2-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MILLSPAUGH, CHARLOTTE W 1049 KNECHT ROAD NE PALM BAY, FL 32905	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD ARNOLD, JR., JOHN H 141 SAN JUAN CIRCLE MELBOURNE, FL 32935	☐ Delete	STREET ADDRESS / CITY-ST-ZIP: 2801 SANDTRAP LANE #D MELBOURNE, FL 32935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 7/2/04 321-403-8474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN H. ARNOLD JR.