

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90056 031 ***150.00

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1. Entity Name

FLAMINGO RETREAT THERAPY CENTER, INC.



Principal Place of Business

2801 SANDTRAP LANE
#D
MELBOURNE FL 32935

Mailing Address

2801 SANDTRAP LANE
#D
MELBOURNE FL 32935

2. Principal Place of Business

1210 PEMBARTON TRL
Suite, Apt. #, etc.

3. Mailing Address

1210 PEMBARTON TRL
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

MALABAR, FL

City & State

MALABAR, FL

4. FEI Number

02-0672397

Applied For

Not Applicable

Zip

32950

Country

US

Zip

32950

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, JOHN H JR
2801 SANDTRAP LANE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME MILLSPAUGH, CHARLOTTE W ☐ Delete
STREET ADDRESS 1049 KNECHT ROAD NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE VTD
NAME ARNOLD, JR., JOHN H ☐ Delete
STREET ADDRESS 2801 SANDTRAP LANE #D
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHARLOTTE WILKIE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1210 PEMBARTON TRL
CITY-ST-ZIP MALABAR, FL 32950

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1210 PEMBARTON TRL
CITY-ST-ZIP MALABAR, FL 32950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/05

321-403-8474