

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P02000087835

1. Entity Name
COMFORT VILLAGE ALF, INC.



Principal Place of Business
**15354 GEORGE BLVD.
CLEARWATER, FL 33760**

Mailing Address
**15354 GEORGE BLVD.
CLEARWATER, FL 33760**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIANG, JAMES
15354 GEORGE BLVD.
CLEARWATER, FL 33760**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

U00000614842
02/06/07-80048-009 150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIANG, JAMES 15354 GEORGE BLVD. CLEARWATER, FL 33760
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James Chiang James Chiang / 28/2007 727 530 7096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #