


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90001 026 ***150.00

DOCUMENT # P02000115288 1. Entity Name SUGAR HILL ADULT FAMILY CARE, INC.					
Principal Place of Business 1760 MYRTLE AVE JACKSONVILLE, FL 32209			Mailing Address 1760 MYRTLE AVE JACKSONVILLE, FL 32209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL-REED, MONICA 1760 MYRTLE AVE JACKSONVILLE, FL 32209				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL-REED, MONICA		NAME		
STREET ADDRESS	1416 WEST 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL-REED, MONICA		NAME		
STREET ADDRESS	1416 WEST 9TH STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER, ANNIE R		NAME		
STREET ADDRESS	1553 MT. HERMAN STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, W. LARRY		NAME		
STREET ADDRESS	2007 FOREST HILLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBITT, JOHN M		NAME		
STREET ADDRESS	4230 SANTEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Monica M Reed</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/28/05 (904) 891-1279 <small>Day Daytime Phone #</small>		