

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117785

Entity Name: KRESTVIEW MANOR, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

2050 58TH STREET NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

5705 HAINES RD
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 14-1873992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIHOS, ANASTASIOS
1927 LEVINE LANE
CLEARWATER, FL 34620 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: MIHOS, ANASTASIOS
Address: 1927 LEVINE LANE
City-St-Zip: CLEARWATER, FL 34620

Title: VP () Delete
Name: MIHOS, JANI LYNN
Address: 1927 LEVINE LANE
City-St-Zip: CLEARWATER, FL 34620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANASTASIOS MIHOS

PTSD

04/25/2005

Electronic Signature of Signing Officer or Director

Date