

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012881

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** HAPPY ACRES ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

700 ANDERSON DRIVE  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

700 ANDERSON DRIVE  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 35-2194962      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, SANDRA  
700 ANDERSON DRIVE  
BONIFAY, FL 32425      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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HALL, STEVE  
Address: 700 ANDERSON DRIVE  
City-St-Zip: BONIFAY, FL 32425

Title: D  
Name: HALL, SANDRA  
Address: 700 ANDERSON DRIVE  
City-St-Zip: BONIFAY, FL 32425

I hereby 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 all other like empowered.

SIGNATURE: SANDRA HALL

VP

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date