


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90020 004 ***155.00

DOCUMENT # P03000037644 1. Entity Name DORCHESTER ASSISTED LIVE IN FACILITY INC.					
Principal Place of Business 2226 MENOMONEE CT ORLANDO, FL 32818			Mailing Address 2226 MENOMONEE CT ORLANDO, FL 32818		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1569932	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAY, LORNA 2226 MENOMONEE CT ORLANDO, FL 32818				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, LORNA 2226 MENOMONEE CT ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Lorna Gray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/27/04</u> Daytime Phone # <u>407-296-7315</u>		

Attachment
24078340

Florida Department Of States
Division Of Corporations
Annual Report/Uniform Business Report Section

Dorchester Assisted Live In Facility Inc.
2226 Menomonee Ct.
Orlando, Florida 32818

Ref. Number P03000037644

Thank you for your response towards the recent correspondence ,of
July 15, 2004.

However; I was responding to the recent letter that I have
received in regards to the fee, for 60 days notice, my response was
that I had not received any prior notice and the copy I mailed was the
first notice that i was referring to. I have tried to pay on line but the
Sunbiz page keeps telling me that I was in que, This is the first notice
that i have received for payment. So I am asking for a waiver in fees.
Enclosed is the check for (\$150.00) plus the \$5.00 fee for contribution.

Sincerely

Lorna Gray
Co/Dorchester ALF