

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-09-2005 90002 012 ***150.00

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**



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number
42-1569932

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRAY, LORNA
2226 MENOMONEE CT
ORLANDO, FL 32818**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAY, LORNA
STREET ADDRESS	2226 MENOMONEE CT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/05

Date

Daytime Phone #

407-296-7315



ATTACHMENT 1102623
Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000037644 - EIN # 42-1569932
Business Entity Name	DORCHESTER ASSISTED LIVE IN FACILITY INC.
Original File Date	03/28/2003

FEI Number 42-1569932
Principal Address 2226 MENOMONEE CT
ORLANDO, FL 32818
Mailing Address 2226 MENOMONEE CT
ORLANDO, FL 32818
Registered Agent LORNA GRAY
2226 MENOMONEE CT
ORLANDO, FL 32818

Officer/Director Name And Address

D
LORNA GRAY
2226 MENOMONEE CT
ORLANDO, FL 32818

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:
No Changes

If you need to make changes to the above information, please select:
Make Changes

August 2, 2005

ATTACHMENT
Clerk's

Dorchester Assisted Living
2226 Menomonee Ct
Orlando, FL 32818
Ref#P03000037644

Attention: Florida Department Of State

This letter is in reference to the returned check, that was submitted in July, I have filed the annual report that I had download from the website, however it seemed as if I had submitted the wrong one, if you could please submit me an appropriate copy, so I can have an idea what it should look like in future. I have not received any notice whatsoever, therefore I would appreciate the waived in fees. I have submit a check for \$150.00.

Thanking you in advance.

Lorna Gray

Dorchester Alf, Administrator