

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90001 022 ***158.75

DOCUMENT # P03000065156					
1. Entity Name JOANN'S TRANSITIONAL HOUSE INDEPENDENT LIVING FACILITY INC					
Principal Place of Business 3101 SW 12 PL FORT LAUDERDALE, FL 33312			Mailing Address 3101 SW 12 PL FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	06052007 Chg-P CR2E034 (12/06)	
4. FEI Number 42-1594940				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOTT, JOSEPH G 500 W.CYPRESS CREEK RD. #400 FORT LAUDERDALE, FL 33309			Name <u>JOSEPH G. MOTT</u> Street Address (P.O. Box Number is Not Acceptable) <u>1859 BANKS RD.</u> City <u>MARGATE</u> <u>FL</u> Zip Code <u>33063</u>		
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 <u>Joseph G. Mott</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MURRAY, BERBETH J 3101 SW 12 PL FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MURRAY, GLEN R 3101 SW 12 PL FORT LAUDERDALE, FL 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 exemptions contained in Chapter 119, 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>Berbeth Murray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/5/07</u> Daytime Phone # <u>954 709 4736</u>		

ATTACHMENT
40120160

Joseph G. Mott, Jr., CPA
1859 Banks Road
Margate, FL. 33063
954-772-5757
Fax 954-970-4491

June 5, 2007

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Joann's Transitional House Independent Living Facility, Inc.
Reinstatement of Corporation
Document # P03000065156

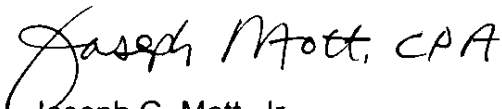
To Whom It May Concern:

With regard to the application for reinstatement for Joann's Transitional House Independent Living Facility, Inc. please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional, as the initial notice was never received. We respectfully request the state accept the original filing amount of \$150.

Thank you for your attention to this matter.

Sincerely,


Joseph G. Mott, Jr.
Certified Public Accountant

Joseph G. Mott, Jr., P.A.
CERTIFIED PUBLIC ACCOUNTANT