05 Reinstatement

2004 FOR PROFIT CORPORATION ~~ANNUAL REPORT~~

FILED
05 AUG 30 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09282004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000074384

1. Entity Name
COMFORT ZONE DEVELOPMENTAL, INC

Principal Place of Business	Mailing Address
1601 SW 27TH AVE 2602 OCALA, FL 34474	1601 SW 27TH AVE 2602 OCALA, FL 34474

2. Principal Place of Business	3. Mailing Address
5001 SW 20th STREET	5001 SW 20th STREET
Suite, Apt. #, etc.: SUITE 4209	Suite, Apt. #, etc.: SUITE 4209
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34474-8530 Country:	Zip: 34474-8530 Country:

4. FEI Number 86-1065785 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, ANNETTE
1601 SW 27TH AVE 2602
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name: LEE, ANNETTE
Street Address (P.O. Box Number is Not Acceptable): 5001 SW 20th STREET - SUITE 4209
City: OCALA FL Zip Code: 34474-8530

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: Annette Lee DATE: 7-23-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	LEE, ANNETTE	NAME	LEE, ANNETTE
STREET ADDRESS	1601 SW 27TH AVE 2602	STREET ADDRESS	5001 SW 20th STREET - SUITE 4209
CITY-ST-ZIP	OCALA, FL 34474	CITY-ST-ZIP	OCALA, FL 34474-8530
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	800059239508
CITY-ST-ZIP		CITY-ST-ZIP	09/01/05--01037--002 **300.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

8/30

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: Annette Lee 7-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #