2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 24, 2007 8:00 am Secretary of State

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DOCUMENT # P04000049511 1. Enlity Name FAIRGREEN ASSISTED LIVING, INC.								05-24-2007 90004 018 ***150.00				
Principal Place of Business Mailing Address												
1511 MANGO TREE DRIVE 1511 MANGO TREE DRIVE EDGEWATER, FL 32132 EDGEWATER, FL 32132									18333) 2 1	(88) (1 18 5)
2. Principal Place of Business - No P.O. Box # 1150 Wayne Avenue				3. Mailing Address 1150 Wayne Avenue								
Suite, Apt. #, etc.				Suite, Apt. #, etc.		İ	05212007	Chg-P	CR2E	034 (12/06)		
City & State		^ .		City & State	^	, _	-, İ	4. FEI Numb				plied For
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^{Zip} 32	168	Country		32/68	Coun	try		5. Certificate	of Status Desire	, <u> </u>	\$8.75 Add Fee Require	
	6. Nam	e and Addre	s of Current	Registered Agent			7. Name and	Address of Nev	v Registered	Agent		
						Name						
KEPLER, JESUSA H 1511 MANGO TREE DRIVE EDGEWATER, FL 32132						Street Address (P.O. Box Number is Not Acceptable)						
										Fl	Zip Cod	е
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												
The configuration of the confi												
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.							\$5. Add	00 May Be ed to Fees	In accordance corporation of	e with s. 60 lid not recei	7.193(2)(b), ve the prior	F.S., the notice.
10.			FICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO C	FFICERS AN	D DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DISCOURSE PROPERTY DATE OF DATE

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

ATTACHMENT DOCUMENT # P04000049511 1. Entity Name PAIRGREEN ASSISTED LIVING, INC Mailing Address Principal Place of Business 1511 MANGO TREE DRIVE **1511 MANGO TREE DRIVE** EDGEWATER, FL 32132 EDGEWATER, FL 32132 40/18333 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-0949437 Not Applicable Country \$8.75 Additional Zio Country 5. Certilicate of Status Desired 0 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEPLER, JESUSA H Street Address (P.O. Box Number is Not Acceptable) 1511 MANGO TREE DRIVE EDGEWATER, FL 32132 City Zio Code FL 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. (NOTE: Registered Agent stansture required when remetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE Change TITLE Kepler, Vernon H. 1511 Mango Tree Drive KEPLER, JESUSA H MALLE STREET ADDRESS 1511 MANGO TREE DRIVE STREET ADDRESS CTTY-ST-ZIP FL 32132 EDGEWATER, FL 32132 CITY-S1-22 Edgewater Change Ch ☐ Addition Deleta TIME NAME RALAF STREET ADDRESS STREET ADDRESS CITY-ST-2 CITY-ST-ZD Change Addition Delete IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-EL-2 -CHY-SI-EF ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CLTY-S1-ZEP CITY-ST- 78 ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-70P CITY-ST-7P ☐ Change ☐ Addition ☐ Delete FITLE NAME NAME STREET ADDRESS STREET ACCRESS Q1Y-\$1-21P C174-51-ZP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutas, 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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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: