


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-24-2007 90004 018 ***150.00

DOCUMENT # P04000049511		
1. Entity Name FAIRGREEN ASSISTED LIVING, INC.		

Principal Place of Business 1511 MANGO TREE DRIVE EDGEWATER, FL 32132	Mailing Address 1511 MANGO TREE DRIVE EDGEWATER, FL 32132
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40118333



2. Principal Place of Business - No P.O. Box # 1150 Wayne Avenue Suite, Apt. #, etc.	3. Mailing Address 1150 Wayne Avenue Suite, Apt. #, etc.
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05212007 Chg-P CR2E034 (12/06)

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL
Zip 32168	Zip 32168
Country	Country

4. FEI Number 20-0949437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEPLER, JESUSA H 1511 MANGO TREE DRIVE EDGEWATER, FL 32132	
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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 _____	DATE _____
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEPLER, JESUSA H 1511 MANGO TREE DRIVE EDGEWATER, FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Keppler, Vernon H. 2005 12th Street Edgewater, FL 32132 <input type="checkbox"/> Change <input checked="" 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
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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 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>Jesusa H. Keppler</u>	TESUSA H. KEPLER / President	5/21/07	(384) 427-2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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ATTACHMENT

DOCUMENT # P04000049511 1. Entity Name PAIRGREEN ASSISTED LIVING, INC.					
Principal Place of Business 1511 MANGO TREE DRIVE EDGEWATER, FL 32132			Mailing Address 1511 MANGO TREE DRIVE EDGEWATER, FL 32132		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0949437	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEPLER, JESUSA H 1511 MANGO TREE DRIVE EDGEWATER, FL 32132				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input 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	P KEPLER, JESUSA H 1511 MANGO TREE DRIVE EDGEWATER, FL 32132	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP Kepler, Vernon H. 1511 Mango Tree Drive Edgewater, FL 32132			
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		
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SIGNATURE: <u><i>Jesusa H. Kepler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/07 (386) 407-2312 <small>Date Daytime Phone #</small>			