

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-07-2005 90262 002 ***158.75

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000066655			
1. Entity Name ACADEMY ASSISTED LIVING FACILITY, INC.			
Principal Place of Business 702 MAYKKA RIVER TRACE PORT ST LUCIE, FL 34986		Mailing Address 702 MAYKKA RIVER TRACE PORT ST LUCIE, FL 34986	
2. Principal Place of Business 1225 SOLTMAN AVENUE Suite, Apt. #, etc.		3. Mailing Address 702 MAYKKA RIVER TRACE Suite, Apt. #, etc.	
City & State FT PIERCE, FL		City & State PORT ST LUCIE, FL	
Zip 34950	Country ST LUCIE	Zip 34986	Country ST LUCIE
4. FEI Number 14-1907065		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CELESTINE, MARIE O 702 MAYKKA RIVER TRACE PORT ST LUCIE, FL 34986		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D LAL, RAJWANTI 2210 SE CARNATION RD PORT ST LUCIE, FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CELESTINE, MARIE ODETE 702 MAYKKA RIVER TRACE PORT ST LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Marie Odet</i>		Date: <i>1/12/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	