## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

## FILED Jul 14, 2005 8:00 am Secretary of State

DOCUMENT # P04000078675  1. Entity Name CDL RESIDENTIAL REHAB INC							90079 049 ***1	
Principal Plac	e of Business	Mailing Address			0, 0,	SÉ ADD TO YOUR	EEI N	UMBEIL
•		3433 80TH ST N	<del>-</del>		PLEA	1100	1/1/00	10
			ST PETERSBURG, FL 33710		$\mid i \mid i \mid i$	10 900 K	juc con i	12.
					1 1			
2. Principal Place of Business 3		3. Mailing Address	. Mailing Address		- /			
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Suite, Apt. #, etc.		Suite. Apt. #, etc.			07052005	Chg-P	CR2E034 (10/03	3)
City & State		City & State			4. FEI Numb	112510	) 7 H	Applied For Not Applicable
Zip	Country	Zip C		try		of Status Desired	S8.75 A	
							Fee Requi	red
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	gistered Agent		
LAMBERT, CHRISTOPHER D								
3433 80TH				Street Address	(P.O. Box Numb	er is Not Acceptable)		
SIPEIER	RSBURG, FL 33710						. 23-132	
				City			Zip Co	nde
O The steel of				1				
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 nor a or registrand agent and title if apoliconta (NOTE Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Final Trust Fund Contribution					5.00 May Be Ided to Fees	In accordance w corporation did n	ith s. 607.193(2)(b ot receive the prio	), F.S., the r notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
MILE	PD	☐ Delete	TITL				Change	Addition
NAME STREET AODRESS	LAMBERT, CHRISTOPHER D 3433 80TH ST N		NAME STHEET ADDRESS					
CITY-ST ZIP	ST PETERSBURG, FL 33710			-ST-ZIP				
TITLE	☐ Delete		TITL	E			☐ Change	Addition
HAME			NAME					
STREET ADDRESS CITY - ST - ZIP				EF AUDRESS -ST-ZIP				
TITLE		Delete	Dit.				Change	TT 64400au
NAME		☐ Delete	NAM	1			☐ Change	Addition
STREET ADDRESS			STRE	ET ADDRESS				
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NAME STREET ADDRESS			NAM STRE	ET ADDRESS				
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IIITE	***************************************	☐ Delete	TITLE				☐ Change	Addition
NAME			NAM	l l				
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TIFLE			-				F3 25	
HAME		☐ Delete	TITLE NAM				Change	Addition
SYREET ADDRESS				et address				
CITY - ST- ZIP				-\$1-ZIP	<u>,,,</u>			
12. I hereby of indicated	tertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emplors or on an attacoment with an artificial	this filing does not qualify for	the exe	mption stated in Sture shall have the	ection 119.07(3)	(i), Florida Statutes. I t	further certify that the	information
of the cor	poration or the receiver or trustee emp	owered trexecute this report	as requi	red by Chapter 60	7. Florida Statute	es; and that my name	appears in Block 10	or Block 11 if

## ATTACHMENT 26063701

July 7, 2005

From: CDL Residential Rehab Inc.

3433 80<sup>th</sup> Street N.

St. Petersburg, FL 33710

To: Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Please remove the \$400 late fee on the Annual Report for CDL Residential Rehab, Inc., document # P04000078675, for the following reason:

I never received notice that the report was due by May 1, 2005

Enclosed is a check for \$150.00 to cover the Annual Report Fees for 2005.

Thank you.

Christopher Lambert, President CDL Residential Rehab, Inc.