## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000096472

FILED Jan 16, 2005 Secretary of State

| Entity Name: TRANSITIONS FOR HAIF                                  | R, INC.   |                              |
|--|---|------------------------------|
| Current Principal Place of Business:                               | New Principal Place of Busin                                    | ness:                        |
| 5830 PARK RD<br>FT MYERS, FL 33908                                 | 3440 RENAISSANCE BLVD.<br>SUITE # 6<br>BONITA SPRINGS, FL 34134 |                              |
| Current Mailing Address:   | New Mailing Address:  |                              |
| 5830 PARK RD<br>FT MYERS, FL 33908                                 |   |                              |
| FEI Number: 20-1290181 FEI Number App                              | plied For ( ) FEI Number Not Applicable ( ) Certif              | icate of Status Desired ( )  |
| Name and Address of Current Registe                                | red Agent: Name and Address of New R                            | egistered Agent:             |
| FLUHARTY, MARY ELLEN<br>5830 PARK RD<br>FT MYERS, FL 33908 US      |   |                              |
| The above named entity submits this state in the State of Florida. | ement for the purpose of changing its registered office o       | r registered agent, or both, |
| SIGNATURE:   |   |                              |
| Electronic Signature of F  | Registered Agent  | Date                         |
| Election Campaign Financing Trust Fund Contr                       | ribution ( ).   |                              |
| OFFICERS AND DIRECTORS:  | ADDITIONS/CHANGES TO O  | FFICERS AND DIRECTORS:       |
| Title: D () Delete   | Title: P (X) Chang  | ge ( ) Addition              |

 Title:
 D () Delete
 Title:
 P (X) Change () Addition

 Name:
 FLUHARTY, MARY ELLEN
 Name:
 FLUHARTY, MARY ELLEN

 Address:
 5830 PARK RD
 Address:
 5830 PARK RD

 City-St-Zip:
 FT MYERS, FL 33908
 City-St-Zip:
 FT MYERS, FL 33908

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 JOHNSON, WILLIAM B

 Address:
 Address:
 2143 CHANDLER AVE.

 City-St-Zip:
 City-St-Zip:
 FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN FLUHARTY P 01/16/2005