

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90073 006 \*\*\*150.00

<b>DOCUMENT # P04000139467</b> 1. Entity Name <b>SERENITY VILLAGE II, INC.</b>					
Principal Place of Business <b>1403 4TH STREET S.W. LARGO, FL 33770</b>			Mailing Address <b>1403 4TH STREET S.W. LARGO, FL 33770</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>26-0097398</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HARTFIELD, GARY T 11277 FREEDOM COURT SEMINOLE, FL 33772</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTFIELD, GARY T		NAME	GARY T. HARTFIELD	
STREET ADDRESS	11277 FREEDOM COURT		STREET ADDRESS	1403 4th Str. S.W.	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	LARGO, FL 33770	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLOGG, ROBERT L		NAME		
STREET ADDRESS	11277 FREEDOM COURT		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, RODNEY H		NAME	Jeffrey Jackson	
STREET ADDRESS	11277 FREEDOM COURT		STREET ADDRESS	1830 Grasmere Dr.	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	Apopka FL 32703	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>			1/17/06 727.452.8744/		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		