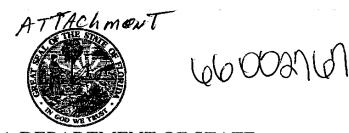
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

## Secretary of State **DOCUMENT # P05000058709** 01-30-2006 90036 020 \*\*\*158.75 GENTLE CARE LIVING HOME, INC. Principal Place of Business Mailing Address 66002767 **509 CALHOUN AVENUE 509 CALHOUN AVENUE** SEFFNER, FL 33584 SEFFNER, FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Ζiρ Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACEVEDO: &: COMPANY: INC = ---Street Address (P.O. Box Number is Not Acceptable) 1393 OAKFIELD DRIVE BRANDON, FL 33511 City 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 Flonda. I am familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) DATE FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition KELLY, ÉMMA L HAME STREET ADDRESS **507 CALHOUN AVENUE** STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-ZIP TITLE Delete TITLE Addition KELLY, LEROY NAME NAME STREET ADDRESS **507 CALHOUN AVENUE** STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-ZIP me Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITI F ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P ☐ Change TITLE Delete ☐ Addition TILE. NAME STREET ADDRESS STREET ADDRESS 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.

FILED

Feb 27, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2006

GENTLE CARE LIVING HOME, INC. 509 CALHOUN AVENUE SEFFNER, FL 33584

Subject: GENTLE CARE LIVING HOME, INC.

Reference Number:

P05000058709

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION