

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-30-2006 90036 020 ***158.75

66002767



DOCUMENT # P05000058709

1. Entity Name
GENTLE CARE LIVING HOME, INC.



Principal Place of Business
**509 CALHOUN AVENUE
SEFFNER, FL 33584**

Mailing Address
**509 CALHOUN AVENUE
SEFFNER, FL 33584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162006

Chg-P

CR2E034 (11/05)

4. FEI Number

26-27185-95

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACEVEDO & COMPANY, INC.
1393 OAKFIELD DRIVE
BRANDON, FL 33511**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **P** ☐ Delete
NAME **KELLY, EMMA L**
STREET ADDRESS **507 CALHOUN AVENUE**
CITY-STATE-ZIP **SEFFNER, FL 33584**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SEC** ☐ Delete
NAME **KELLY, LEROY**
STREET ADDRESS **507 CALHOUN AVENUE**
CITY-STATE-ZIP **SEFFNER, FL 33584**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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.

SIGNATURE: **Emma Kelly** **Emma Kelly**
LEROY KELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

813-571-2235

1-26-06

813-571-2235

ATTACHMENT



66002767

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 **has not been filed** 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