

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90094 035 \*\*\*150.00

**DOCUMENT # P05000139250**

1. Entity Name  
**THE LIGHT HOUSE ASSISTED LIVING FACILITY, INC.**



Principal Place of Business  
**9049 CARRIBEAN DR  
PENSACOLA, FL 32506**

Mailing Address  
**9049 CARRIBEAN DR  
PENSACOLA, FL 32506**

**40100890**

2. Principal Place of Business, No P.O. Box #  
**9049 Carribean Dr**  
Suite, Apt. #, etc

3. Mailing Address  
**Same**  
Suite, Apt. #, etc



04252007 Chg-P CR2E034 (12/06)

City & State  
**Pensacola FL**  
Zip  
**32506** Country  
**USA**

City & State  
**Same**  
Zip  
**32506** Country  
**USA**

4. FEI Number  
**83-0438779**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIVINES, DEBRA  
9049 CARRIBEAN DR  
PENSACOLA, FL 32506**

7. Name and Address of New Registered Agent

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 in name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when transferring.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	<b>D</b>			
	<b>BIVINES, DEBRA</b>			
	<b>9049 CARRIBEAN DR</b>			
	<b>PENSACOLA, FL 32506</b>			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition

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 names empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/07**  
Date

**(850)**  
Drawing Florida 3