


2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/ **FILED**
Sep 05, 2008 8:00 am
Secretary of State

07-10-2008 90015 035 ***150.00

DOCUMENT # P06000126320 1. Entity Name REDDICK ASSISTED LIVING FACILITY, INC.					
Principal Place of Business 820 REDDICK LANE TALLAHASSEE, FL 32317		Mailing Address 820 REDDICK LANE TALLAHASSEE, FL 32311			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0291074	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REDDICK, ANNIE 820 REDDICK LANE TALLAHASSEE, FL 32311				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDDICK, ANNIE M 871 PINEY WOOD RD MONTICELLO, FL 32344 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: <i>Annie Reddick / Annie Reddick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>			7/8/08 850-508-7648 <small>Date Daytime Phone #</small>		

66016360



07022008 Chg-P CR2E034 (12/06)

ATTACHMENT

66016360

P06000126320

Reddick Assisted Living Facility
820 Reddick Lane
Tallahassee, FL 32317

July 9, 2008

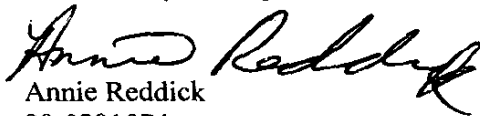
PROVISION FOR WAIVER OF THE \$400.00 LATE FEE.

Dear Sir or Madam,

I did not receive the annual report notice in January 08. I sent the report as soon as I receive it from the postal service. The mail was apparently floating around or sitting at someone else resident.

I had no way of knowing that it was late. I do accept responsibility, but a \$400 late fee incurred due to a postal error. Please accept the check for \$150.00 and waive the late fee. I do not want to abandon my Corporation.

Thanks for your help!


Annie Reddick
90-0291074

Letter# 008A00039437
Attn: Tina Cauley