

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063760

Entity Name: ROSE GARDEN ADULT CARE, INC

FILED
Sep 25, 2008
Secretary of State

Current Principal Place of Business:

650 BRIGHTON DRIVE
DAVENPORT, FL 33897

New Principal Place of Business:

104 ROBIN RD.
DAVENPORT, FL 33897

Current Mailing Address:

650 BRIGHTON DRIVE
DAVENPORT, FL 33897

New Mailing Address:

104 ROBIN RD.
DAVENPORT, FL 33896

FEI Number: 39-2056810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORINS, PETE M
733 W. COLONIAL DR.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANNA, MURIEL R
Address: 650 BRIGHTON DRIVE
City-St-Zip: DAVENPORT, FL 33897 US

Title: VP () Delete
Name: FOXX, TAWANNA
Address: 347 GREENLEY LOOP
City-St-Zip: DAVENPORT, FL 33897 US

Title: VP () Delete
Name: GOULD, ROBERT
Address: 650 BRIGHTON DRIVE
City-St-Zip: DAVENPORT, FL 33897 US

Title: T () Delete
Name: GORDON, RODRICK
Address: 650 BRIGHTON DRIVE
City-St-Zip: DAVENPORT, FL 33897 US

Title: S (X) Delete
Name: GOULD, BRIDGETT C
Address: 650 BRIGHTON DRIVE
City-St-Zip: DAVENPORT, FL 33897 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HANNA, MURIEL R
Address: 104 ROBIN RD.
City-St-Zip: DAVENPORT, FL 33896 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURIEL HANNA

P

09/25/2008

Electronic Signature of Signing Officer or Director

Date