


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P21504
 1. Entity Name
FLORIDA PREFERRED CARE DEVELOPMENTAL CENTERS I, INC.



Principal Place of Business 5212 VILLAGE CREEK DR PLANO, TX 75093	Mailing Address 5212 VILLAGE CREEK DR SUITE 345, LB 15 PLANO, TX 75093
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2256721	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000157358
 05/06/04-80023-017 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCDT SCOTT, THOMAS D 5212 VILLAGE CREEK DR PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PROVENCE, MINDY 5212 VILLAGE CREEK DR PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, GARY 5212 VILLAGE CREEK DR PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LUNCEFORD, GENA 5212 VILLAGE CREEK DR PLANO, TX 75093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gene Luncford* VP Gene Luncford 4/5/04 972 93 13800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #