

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000041779

1. Entity Name

SANDY LEMKE SUPPORTED LIVING SERVICES, INC.



Principal Place of Business

735-38TH AVE SOUTH
ST. PETERSBURG FL 33705
US

Mailing Address

P O BOX 16521
ST PETERSBURG FL 33733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3188825

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

LEMKE, SANDRA A.
3052 YORK STREET SOUTH
GULFPORT FL 33707

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME LEMKE, SANDRA A
STREET ADDRESS 3052 YORK ST SOUTH
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000058818
CITY-ST-ZIP 02/20/04-80055-025 150.00

TITLE VP ☐ Delete
NAME DRUCKER, HELEN
STREET ADDRESS 7421 1ST STREET NE
CITY-ST-ZIP ST PETERSBURG FL 33702

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

TITLE T ☐ Delete
NAME KNOWLES, JEANNE
STREET ADDRESS 735 38TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE S ☐ Delete
NAME BROOKS, MARY JEANNE
STREET ADDRESS 626 38TH AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jeanne Knowles* *treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *02/18/04* *787-883-9060*
Date Daytime Phone #