

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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



04012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

FILED
Apr 05 2006 08:50 AM
Secretary of State

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

U00000493293

04/13/06-88100-009-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMKE, SANDRA A 3052 YORK ST SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRUCKER, HELEN 7421 1ST STREET NE ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNOWLES, JEANNE 735 38TH AVENUE SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, MARY JEANNE 626 38TH AVENUE SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Sandra A. Lemke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-06 727-422-5209
Date Daytime Phone #