

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000041779

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** SANDY LEMKE SUPPORTED LIVING SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 16521  
ST PETERSBURG, FL 33733 US

**New Mailing Address:**

**FEI Number:** 59-3188825      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEMKE, SANDRA A  
Address: 3052 YORK ST SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: VP  
Name: LEMKE, SANDRA A  
Address: 3052 YORK ST SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: T  
Name: KNOWLES, JEANNE  
Address: 735 38TH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S  
Name: LEMKE, SANDRA A  
Address: 3052 YORK ST SOUTH  
City-St-Zip: GULFPORT, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: SANDRA A. LEMKE

PVS

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date