

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045050

FILED
Apr 08, 2005
Secretary of State

Entity Name: ST. ANTHONY'S COUNTRY CARE, INC.

Current Principal Place of Business:

1104 E RD
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 646
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0420981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLTAU, JOANN K
2819 EMBASSY DR.
SUITE 204
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELSEN, TERESA K
Address: 1401 S OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL

Title: VP () Delete
Name: NELSEN, TERESA K
Address: 1401 S. OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL

Title: S () Delete
Name: SOLTAU, JOANN K
Address: 206 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: T () Delete
Name: SOLTAU, JOANN K
Address: 206 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JOANN SOLTAU

S/T

04/08/2005

Electronic Signature of Signing Officer or Director

Date