


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000030814</b>		
1. Entity Name CAREFREE LIVING OF SARASOTA, INC.		
Principal Place of Business 2700 BELVOIR BLVD SARASOTA, FL 34237 US		Mailing Address 2666 BELVOIR BLVD. SARASOTA, FL 34237
<b>DO NOT WRITE IN THIS SPACE</b>		
		01032005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0591163		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		
GOETZ, HARRIET 2666 BELVOIR BLVD. SARASOTA, FL 34237		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Harriet Goetz</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>1/4/05</u> <small>NOTE: Registered Agent signature required when reinstating</small>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, HARRIET 2666 BELVOIR BLVD. SARASOTA, FL 34237	
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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)(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: <u>Harriet Goetz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-12-05 (941) 906-144 <small>Date Daytime Phone #</small>

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04/25/05-80179-013 158.75

**DO NOT WRITE  
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