

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000012863

1. Entity Name

TIFFANY LAKE CARE CENTERS, INC.



FILED
Feb 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

402 N RIVERSIDE DR
NEW SMYRNA BEACH FL 32168
US

Mailing Address

402 N RIVERSIDE DR
NEW SMYRNA BEACH FL 32168
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3385296

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

CULVER, DESIREE A
402 N RIVERSIDE DR
NEW SMYRNA BEACH FL 32168

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

Desiree Culver

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2/9/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PTSD | <input type="checkbox"/> Delete |
| NAME | CULVER, DESIREE A | |
| STREET ADDRESS | 402 N RIVERSIDE DR | |
| CITY-STATE-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE | AD | <input type="checkbox"/> Delete |
| NAME | CULVER, DESIREE A | |
| STREET ADDRESS | 117 SWEET BAY BLVD | |
| CITY-STATE-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE | CM | <input type="checkbox"/> Delete |
| NAME | CULVER, DESIREE A | |
| STREET ADDRESS | 117 SWEET BAY BLVD | |
| CITY-STATE-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|---------------------------|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 100000631169 | |
| CITY-STATE-ZIP | 02/20/07-80036-009 150.00 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Desiree Culver / Desiree Culver*

2/9/07

(386)689-2030