


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000037524 1. Entity Name PATRICIAN ARMS RETIREMENT HOMES, INC.	
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 239 N.E. 23RD AVENUE POMPAÑO BEACH, FL 33062	Mailing Address 239 N.E. 23RD AVENUE POMPAÑO BEACH, FL 33062
--------------------------------------------------------------------------------	--------------------------------------------------------------------



05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0678017	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

O'BRIAN, DAPHNE C
239 N.E. 23RD AVENUE
POMPAÑO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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 DAPHNE C. O'BRIEN Daphne C. O'Brien 5-13-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIAN, DAPHNE C
STREET ADDRESS	239 N.E. 23RD AVENUE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000367415
05/17/05-80003-006 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Daphne C. O'Brien DAPHNE C. O'BRIEN 5-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954 783176,