

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90390 041 ***150.00

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1. Entity Name

HEART TO HEART, INC., ASSISTED LIVING
FACILITY



Principal Place of Business

2201 N 55TH AVE
HOLLYWOOD FL 33021
US

Mailing Address

1909 ARTHUR STREET
HOLLYWOOD FL 33020
US



2. Principal Place of Business

2201 N 55th Ave
Suite, Apt. #, etc.
Hollywood, FL.

3. Mailing Address

1909 ARTHUR STR
Suite, Apt. #, etc.
Hollywood, FL.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

65-0732011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33021

Country USA
BROWARD

Zip 33020

Country USA

6. Name and Address of Current Registered Agent

HOLDA, KRYSZYNA
1943 BUCHANAN ST.
APT 8
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name KRYSZYNA HOLDA

Street Address (P.O. Box Number is Not Acceptable)
1909 ARTHUR STR

City Hollywood

FL

Zip Code 33020

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

Kryszyne Holde

KRYSZYNA HOLDA

4-25-05

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

After May 1, 2005 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

TITLE D ☐ Delete
NAME HOLDA, KRYSZYNA
STREET ADDRESS 1909 ARTHUR ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Kryszyne Holde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #