


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90041 003 ***158.75

DOCUMENT # P97000028474 1. Entity Name ACADEMY ADULT ASSISTED LIVING FACILITY, INC.			
Principal Place of Business 742 ACADEMY LANE PORT SAINT LUCIE FL 34984		Mailing Address 742 ACADEMY LANE PORT SAINT LUCIE FL 34984	
2. Principal Place of Business <i>74 Academy Lane</i> Suite, Apt. #, etc.		3. Mailing Address <i>742 Academy Lane</i> Suite, Apt. #, etc.	
City & State <i>Port St. Lucie FL 3</i> Zip <i>34984</i>		City & State <i>Port St. Lucie FL 3</i> Zip <i>34984</i>	
Country <i>St. Lucie</i>		Country <i>St. Lucie</i>	
4. FEI Number 65-0766959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CELESTIN, MARIE O 1958 SW DORADO LANE PORT ST LUCIE FL 34953	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CELESTIN, MARIE O 1958 SW DORADO LANE PORT ST LUCIE FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <i>Marie Celestin</i> MARIE Celestin <i>3/28/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



MOORE CR2E034 (11/03)