

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055850	
1. Entity Name FLORIDA ASSISTED LIVING, INC.	
Principal Place of Business 631 US HWY ONE SUITE 406 NORTH PALM BEACH, FL 33408	Mailing Address 631 US HWY ONE SUITE 406 NORTH PALM BEACH, FL 33408



CO# GL# **FILED** AMOU:
Apr 25, 2006 08:00 AM
100 **Secretary of State**

APPROVAL

POSTED
Clk

TOTAL 150.00
DATE



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0769911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACKEY, WALTER J JR. 631 US HWY ONE SUITE 406 NORTH PALM BEACH, FL 33408
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, WALTER J. J 772 LAGOON DR N PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KRUMM, WALTER T 4951 GULF SHORE BLVD, PH301 NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, EDWARD S. 6080 TERRA ROSA CIR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000531874
05/06/06-80061-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Edward S Williams Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/23/06 Daytime Phone # _____