

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**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



01182007 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 ☐

**\$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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

100000700086  
04/24/07-80062-001 150.00

**10. OFFICERS AND DIRECTORS**

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Edward S. Williams* Secretary Treasurer 4/4/07  
561-848-8760  
EDWARD S WILLIAMS