2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # P97000094375 1. Entity Name 03-08-2005 90187 003 ***158.75 BATHCREST OF LEE COUNTY, INC. Principal Place of Business Mailing Address 618 ECHO DR - *** 2855 TIMBER KNOLL DR BRANDON FL 33511 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address 8423 SOUTHWOOD PINES Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0794088 ITHIA. Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADFORD, BARBARA L Street Address (P.O. Box Number is Not Acceptable) 2855 TIMBER KNOLL DR VALRICO FL 33594 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. ! am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition ☐ Delete Change BRADFORD, JAMES D NAME NAME STREET ADDRESS 618 ECHO DR STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Defete **Change** Addition TITLE BARBARA L. BRADFORD BRADFORD, BARBARA L NAME NAME STREET ADDRESS 2855 TIMBER KNOLL DR STREET ADDRESS 8423 SOUTH WOOD VALRICO FL 33594 CITY-ST-ZIP CITY-ST-ZIP 1741A, FL 33547 Change ■ Addition TITLE ☐ Delete TITLE JAMES E. BRADFORD BRADFORD, JAMES E NAME NAME STREET ADDRESS 8413 SOUTH WOOD PINES STREET ADDRESS 2855 TIMBER KNOLL DR CITY-ST-ZIP CITY-S1-7IP VALRICO FL 33594 PENNY BRADFORD ☐ Change THILE ☐ Delete TITLE Addition 618 ECHO DR. NAME NAME STREET ADDRESS STREET ADDRESS BRANDON.FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

FILED