## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000012963

6. Name and Address of Current Registered Agent

1. Entity Name

COLLINGSWOOD ELDERLY, INC.



Principal Place of Business

516 LAKEVIEW ROAD

UNIT 8

CLEARWATER, FL 33756

FLYNN, THOMAS F

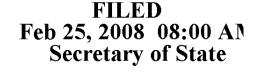
516 LAKEVIEW ROAD

Mailing Address

516 LAKEVIEW ROAD

UNIT 8

CLEARWATER, FL 33756





OO NOT WRITE IN THIS SPACE.

01152008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3495264

Applied For Not Applicable

5. Certificate of Status Desired

XX \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

UNIT 8 CLEARWATER, FL 33756			IN THIS SPACE	
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE	DPST			
NAME STREET ADDRESS	FLYNN, THOMAS F  516 LAKEVIEW RD UNIT 8			
CITY+ST-ZIP	CLEARWATER, FL 33756		The state of the s	
TITLE	VPD .			
NAME	FLYNN, KEVIN T		7.50 (1.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
STREET ADDRESS CITY-ST-ZIP			03/05/08-80015-019 158.75	
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CITY-ST-ZIP				
TITLE				
NAME STREET ADDRESS				

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 if 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:

CITY-ST-ZIP

Kevin T. Flynn, Vice President

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08 727-449-1182

Date

Daytime Phone #