

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026813

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** RITA AND CHARLES ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

4805 EAST LAKE DRIVE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

4805 EAST LAKE DRIVE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 59-3541823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENAVE, CHARLES A  
4805 EAST LAKE DRIVE  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DENAVE, CHARLES  
Address: 4805 EAST LAKE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST ( ) Delete  
Name: DENAVE, RITA  
Address: 4805 EAST LAKE DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: DENAVE, CHARLES JR.  
Address: 3367-BUFFAM PLACE  
City-St-Zip: CASSELBERRY, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHARLES DENAVE

OFF

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date