
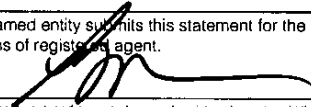


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000034612	
1. Entity Name ASSISTED CARE LIVING AT FOREST COVE, INC.	

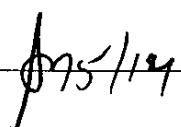
Principal Place of Business 1053 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751	Mailing Address 1053 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WALKER, BERRY J JR. 1053 MAITLAND CENTER COMMONS BLVD. SUITE 200 MAITLAND, FL 32751	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:  <u>Berry J. Walker, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

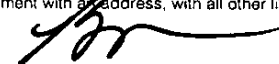
4. FEI Number 59-3602478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WALKER, BERRY J JR. 1053 MAITLAND CTR. COMMONS BLVD. STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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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:  <u>Berry J. Walker, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date: <u>4/23/08</u> Daytime Phone #: <u>707-4781866</u>

FILED
08 MAY 12 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182008 No Chg-P CR2E034 (11/05)