


2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000048387
 1. Entity Name
PLEASANT MANOR ALF, INC.



Principal Place of Business PLEASANT MANOR ALF INC 6929 DURANT RD PLANT CITY, FL 33567	Mailing Address 6929 DURANT RD PLANT CITY, FL 33567
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3526219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HINES, JAMES P
 315 SOUTH HYDE PARK AVE
 TAMPA, FL 33606**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMAGALA, ROBERTA 6929 DURANT RD PLANT CITY, FL 33567
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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: *Roberta Domagala* **Roberta Domagala** 04/24/07 (813) 245 9457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #