


**2004 FQR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P98000088165 1. Entity Name PLEASANT LIVING FACILITY, INC. |  |
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| Principal Place of Business 1543 HILL STREET JACKSONVILLE, FL 32202 | Mailing Address 1543 HILL STREET JACKSONVILLE, FL 32202 |
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3573758 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WALTNOUR, GWENDOLYN 1125 E 19TH ST JACKSONVILLE, FL 32206 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS WALTHOUR, GWENDOLYN 1125 EAST 19TH STREET JACKSONVILLE, FL 32206 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD WALTHOUR, ROBERT 1125 EAST 19TH STREET JACKSONVILLE, FL 32206 |
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04/26/04-80100-025 158.75

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwendolyn Walthour **DPS** cell (904) 502-7295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-2204(904) 353-0501
Date Daytime Phone #