

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088165

FILED
Apr 30, 2009
Secretary of State

Entity Name: PLEASANT LIVING FACILITY, INC.

Current Principal Place of Business:

1543 HILL STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

1543 HILL STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3573758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTNOUR, GWENDOLYN
1125 E 19TH ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

WALTNOUR, GWENDOLYN
505 GORDON CHAPEL RD
HAWTHORNE, FL 32640 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WALTHOUR, GWENDOLYN
Address: 1125 EAST 19TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: VTD () Delete
Name: WALTHOUR, ROBERT
Address: 1125 EAST 19TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: WALTHOUR, GWENDOLYN
Address: 505 GORDON CHAPEL RD
City-St-Zip: HAWTHORNE, FL 32640

Title: VTD (X) Change () Addition
Name: WALTHOUR, ROBERT
Address: 505 GORDON CHAPEL RD
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify 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: GWENDOLYN WALTHOUR

DPS

04/30/2009

Electronic Signature of Signing Officer or Director

Date