

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90005 033 ***550.00

DOCUMENT # P98000090392

1. Entity Name
SAM'S ASSISTED LIVING FACILITY, INC.



Principal Place of Business
**66 PATRIC DRIVE
PALM COAST, FL 32164**

Mailing Address
**66 PATRIC DRIVE
PALM COAST, FL 32164**

20047759



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3552149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PANILAG, MARIA L
66 PATRIC DRIVE
PALM COAST, FL 32164**

**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. *HA*

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PANILAG, MARIA L
STREET ADDRESS	66 PATRIC DRIVE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	D
NAME	PANILAG, SAMUEL R
STREET ADDRESS	4720 STEPHEN ST 11 COTTAGE GATE CT
CITY-ST-ZIP	RIDGEWOOD, NY 11385 PALM COAST, FL. 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Maria Lolita Panilag*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/06
Date

386-627-3800
Daytime Phone #

ATTACHMENT

20047759

#P98000090392

Note:

7/1/06

I totally forgot about this form and payment. I'm usually very good in paying my obligations, now I am paying the price and penalty of \$400.00. But anyway thank you for not dissolving my Corporation.

Marin Lolita Ponce