2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 25, 2004 8:00 am DOCUMENT # P99000024812 **Secretary of State** 1. Entity Name 02-25-2004 90016 018 ***150.00 SAFE HARBOR ALF, INC. Mailing Address Principal Place of Business 430 S NEPTUNE DRIVE 430 S NEPTUNE DRIVE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address 633 IRONWOOD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3563588 MELBOORNE Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALKER, NANCY WALKER, NANCY J Street Address (P.O. Box Number is Not Acceptable) 430 S NÉPTUNE DRIVE SATELLITE BEACH FL 32937 IRONWOOD DRIVE. CIMEL BOURNE 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Addition TITLE Change TITLE ☐ Delete WALKER, NANCY J NAME STREET ADDRESS STREET ADDRESS 430 S NEPTUNE DRIVE SATELLITE BEACH FL 32937 CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 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 114 changed, or on an attachment with an address, with all other like empowered.

FILED