


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90001 033 ***150.00

DOCUMENT # P99000105147	
1. Entity Name KAM SAN JUAN RETIREMENT HOME, INC.	

Principal Place of Business 6561 SAN JUAN AV JACKSONVILLE, FL 32210	Mailing Address 732 CAMP MILTON LANE JACKSONVILLE, FL 32220
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2. Principal Place of Business 6561 San Juan Ave		3. Mailing Address 732 Camp Milton Lane	
Suite, Apt. #, etc. JK		Suite, Apt. #, etc.	
City & State Jacksonville Fla		City & State	
Zip 32210	Country Dual	Zip	Country

40106100



08232006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3624053		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEMDAM, ELVIRA C 732 CAMP MILTON LANE JACKSONVILLE, FL 32220		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Edmond* DATE 8/27/06

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMDAM, ELVIRA C 732 CAMP MILTON LANE JACKSONVILLE, FL 32220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edmond* Date 8/27/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40102168

PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report along with the original annual report fee.

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

P99000105147

KAM SAN JUAN RETIREMENT HOME, INC.
732 CAMP MILTON LANE
JACKSONVILLE FL 32220-1884

6561 San Juan Ave
Jacksonville Fla

Note: This is not a change
to the address of record. 32220



2006
CR2E095 - 2nd 4/06

TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART.