

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S93896

FILED
Apr 02, 2005
Secretary of State

Entity Name: REHAB KITCHENETTES OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1592 S.E. VILLAGE GREEN DRIVE
UNIT I
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1592 S. E. VILLAGE GREEN DR
UNIT I
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0295325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKE, ROBERT L PD
5850 23RD STREET
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

LUKE, ROBERT L PD
5976 20TH STREET
#160
VERO BEACH, FL 32966 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: ROBERT L LUKE PRESIDENT

04/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUKE, ROBERT L PD
Address: 5850 23RD STREET
City-St-Zip: VERO BEACH, FL 32966 US

Title: STD () Delete
Name: LUKE, CHERYL D STD
Address: 5850 23RD STREET
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUKE, ROBERT L PD
Address: 5976 20TH STREET #160
City-St-Zip: VERO BEACH, FL 32966 US

Title: STD (X) Change () Addition
Name: LUKE, CHERYL D STD
Address: 5976 20TH STREET #160
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT L. LUKE

PRES

04/02/2005

Electronic Signature of Signing Officer or Director

Date