

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000064200

**Entity Name:** SERENITY HOLISTIC RESIDENTIAL CARE, CORPORATION

**Current Principal Place of Business:**

7575 WEST HWY 326  
OCALA, FL 34482

**Current Mailing Address:**

7575 WEST HWY 326  
OCALA, FL 34482

**FEI Number:** 80-0302657

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALBRITTON, TINA R  
7575 WEST HWY 326  
OCALA, FL 34482 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ALBRITTON, TINA R  
Address 6160 WEST HWY 326  
City-State-Zip: Ocala FL 34482

Title SECT  
Name ALBRITTON, CHRIS  
Address 7575 WEST HWY 326  
City-State-Zip: Ocala FL 34482

Title VP  
Name LEGRANDE, CHRIS  
Address 23705 COLDWATER COURT  
City-State-Zip: MORENO VALLEY CA 92557

Title TREASURER  
Name ALBRITTON, TINA ROGERS  
Address 7575 WEST HWY 326  
City-State-Zip: Ocala FL 34482

*I hereby 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 all other like empowered.*

**SIGNATURE:** TINA ROGERS ALBRITTON

**PRESIDENT**

**01/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date