

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003355

FILED
Sep 07, 2005
Secretary of State

Entity Name: LOVING HANDS BLIND ELDERLY & HANDICAP SENIORS, INC.

Current Principal Place of Business:

P.O. BOX 533004
ORLANDO, FL 32853

New Principal Place of Business:

4817 JUDY ANN CT
ORLANDO, FL 32808

Current Mailing Address:

P.O. BOX 533004
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 81-0648420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, BOBBIE A
4817 JUDY ANN CT.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BANKS, BOBBIE A
Address: 4817 JUDY ANN CT.
City-St-Zip: ORLANDO, FL 32808

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BANKS, BOBBIE A
Address: 4817 JUDY ANN CT.
City-St-Zip: ORLANDO, FL 32808

Title: D () Change (X) Addition
Name: ANDERSON, DAMIAN
Address: 2003 VILLAGE GREEN
City-St-Zip: ORLANDO, FL 32818

Title: DT () Change (X) Addition
Name: BLACK, ANNIE P
Address: 324 NORTH POWERS
City-St-Zip: ORLANDO, FL 32810

Title: DS () Change (X) Addition
Name: ESSUMAN, REBECCA
Address: 2704 SILVERHILL APT 1
City-St-Zip: ORLANDO, FL 32818

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: BOBBIE A BANKS

D, P

09/07/2005

Electronic Signature of Signing Officer or Director

_____ Date