

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 15, 2010
Secretary of State**

DOCUMENT# N05000004403

Entity Name: JEANS COMFORT CARE, INC.

Current Principal Place of Business:2710 NE 59TH ST.
GAINESVILLE, FL 32609**New Principal Place of Business:****Current Mailing Address:**PO BOX 5663
GAINESVILLE, FL 326275663**New Mailing Address:**

FEI Number: 16-1722051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:JONES, GLORIA J
2710 NE 27TH AVE
GAINESVILLE, FL 32609 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

OFFICERS AND DIRECTORS:Title: PC
Name: JONES, GLORIA J
Address: 2710 NE 27TH AVE
City-St-Zip: GAINESVILLE, FL 32609Title: VC
Name: JONES, ORAIN V
Address: 2710 NE 59TH STREET
City-St-Zip: GAINESVILLE, FL 32609Title: S
Name: TSCHIRHART, MARIE DR.
Address: 8818 SW 122ND STREET
City-St-Zip: GAINESVILLE, FL 32608Title: T
Name: TAYLOR, WILLIS JR.
Address: 3206 NE 142ND LANE
City-St-Zip: GAINESVILLE, FL 32609Title: M
Name: MOSELY, FREDRICK BISHOP
Address: 8415 GULFWOOD LANE
City-St-Zip: HOUSTON, TX 77075Title: M
Name: REGINA, BRADLEY
Address: 5310 NW 234TH AVE
City-St-Zip: ALACHUA, FL 32615

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA JONES

PRES

03/15/2010

Electronic Signature of Signing Officer or Director

Date