


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000114106 1. Entity Name JACKSONVILLE ADULT DAY CARE, INC.			
Principal Place of Business 1500 ROWE AVENUE JACKSONVILLE FL 32208 US		Mailing Address 1500 ROWE AVENUE JACKSONVILLE FL 32208 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BARCLAY, JAMES M 215 SOUTH MONROE STREET SUITE 815 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARNEDOE, GAIL L 9525 SIBBALD ROAD JACKSONVILLE FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000018111 01/28/04-80150-009 150.00
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MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Gail L. Varnedoe 01-26-04 904-766-3422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #