

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90064 002 *****8.75
 02-09-2005 90064 001 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

66001418



02012005 Chg-P CR2E034 (10/03)

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
4. FEI Number 02-0648791				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARCLAY, JAMES M 215 SOUTH MONROE STREET SUITE 815 TALLAHASSEE, FL 32301			Name GAIL VARNEDOE Street Address (P.O. Box Number is Not Acceptable) 9525 SIBBALD ROAD City JACKSONVILLE FL Zip Code 32208		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARNEDOE, GAIL L	NAME			
STREET ADDRESS	9525 SIBBALD ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that this 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 empowerments.					
SIGNATURE: <i>Gail L. Varnedoe, Director</i>			Date: <i>2-2-05</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #