


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 004 ***150.00

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0648791		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTLEY, MARTHA N 1500 ROWE AVENUE JACKSONVILLE FL 32208		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 _____	
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, MARTHA N	NAME	
STREET ADDRESS	1500 ROWE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSOME, ISSAAC	NAME	
STREET ADDRESS	3633 CLYDE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, LILLIE M	NAME	
STREET ADDRESS	4347 LINCREST DR NO	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mildred D. VAN Buren	NAME	
STREET ADDRESS	4412 Clyde Dr.	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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Martha Hartley 4-25-08 904-766-3422
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #