


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90014 012 ***158.75

DOCUMENT # P05000047457			
1. Entity Name ELDERCORNER.COM, INC			
Principal Place of Business 89 RIO DRIVE PONTE VEDRA BCH, FL 32082		Mailing Address 89 RIO DRIVE PONTE VEDRA BCH, FL 32082	
2. Principal Place of Business 89 Rio DR Suite, Apt. #, etc.		3. Mailing Address 830-13 AIA N Suite, Apt. #, etc. # 271	
City & State Ponte Vedra FL		City & State Ponte Vedra FL	
Zip 32082	Country USA	Zip 32082	Country USA
8. Name and Address of Current Registered Agent GASKELL, KAREN 89 RIO DRIVE PONTE VEDRA BCH, FL 32082		7. Name and Address of New Registered Agent Name Spiegel • UTRERA Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way 4th FL City Miami FL Zip Code 33145	
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: <u>Karen O Gaskell Pres</u> DATE: <u>3/17/06</u> <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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GASKELL, KAREN 89 RIO DRIVE PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neil Bartholomew 89 Rio Dr Ponte Vedra, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Karen O Gaskell</u>		Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



03072006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required