

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96049

FILED
Apr 15, 2005
Secretary of State

Entity Name: TENDER LOVING CARE RETIREMENT RESIDENCE, INC.

Current Principal Place of Business:

722 BOWING OAK DRIVE
BRANDON, FL 33511

New Principal Place of Business:

C/O 5232 SLIGH ROAD
LAKELAND, FL 33813

Current Mailing Address:

722 BOWING OAK DRIVE
BRANDON, FL 33511

New Mailing Address:

C/O 5232 SLIGH ROAD
LAKELAND, FL 33813

FEI Number: 59-2273210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MONICA
747 BON AIR ST.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

CAMPBELL, MONICA
5232 SLIGH ROAD
LAKELAND, FL 33813 US

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:

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, GEORGE H,
Address: 747 BON AIR ST
City-St-Zip: LAKELAND, FL

Title: VS (X) Delete
Name: CAMPBELL, MONICA L,
Address: 747 BON AIR ST
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: ASHTON HEIGHTS, LLC,
Address: C/O 5232 SLIGH ROAD
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA CAMPBELL

RA

04/15/2005

Electronic Signature of Signing Officer or Director

Date