

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 024 ***150.00

DOCUMENT # F98000003743 1. Entity Name ASTON CARE SYSTEMS, INC.					
Principal Place of Business 137 S PEBBLE BEACH BLVD SUITE #101 SUN CITY CENTER, FL 33573 US			Mailing Address 137 S PEBBLE BEACH BLVD SUITE #101 SUN CITY CENTER, FL 33573 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3518596	
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUTCHINSON, RICHARD 137 S PEBBLE BEACH BLVD SUITE #201 SUN CITY CENTER, FL 33573			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, ALFRED JR. 137 S PEBBLE BEACH BLVD,STE #101 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACKERMAN, DON E 137 S PEBBLE BEACH BLVD,STE #101 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, THOMAS 137 S PEBBLE BEACH BLVD,STE #101 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGENENDT, HARRY E. JR 137 S PEBBLE BEACH BLVD,STE #101 SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTC HUTCHINSON, RICHARD 137 S PEBBLE BEACH BLVD,STE #101 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M COSTELLO, TOM 137 S PEBBLE BEACH BLVD,STE #201 SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 information empowered.					
SIGNATURE: Thomas Costello 3/28/05 813633-5886 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					