2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# H06556

Entity Name: E. T. NURSING SERVICES, INC.

Current Principal Place of Business:

9926 BEACH BLVD
SUITE 116
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

9926 BEACH BLVD
SUITE 116
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-2458133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDAU, FRANCINE CLAIR
2252 GULF LIFE TOWER
GULF LIFE DR.
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: JOHNSON, KATHY
Address: 9223 JAY BIRD CIRCLE W
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: JOHNSON, GARY
Address: 9223 JAY BIRD CIRCLE W
City-St-Zip: JACKSONVILLE, FL

Title: P ( ) Delete
Name: SAELINGER, DEBORAH,
Address: 595 CHIVAS COURT
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete
Name: SAELINGER, WILLIAN
Address: 595 CHIVA COURT
City-St-Zip: ORANGE PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: JOHNSON, KATHY
Address: 9223 JAY BIRD CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Change ( ) Addition
Name: JOHNSON, GARY
Address: 9223 JAY BIRD CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32257

Title: P (X) Change ( ) Addition
Name: SAELINGER, DEBORAH,
Address: 1320 TRAILWOOD DRIVE
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D (X) Change ( ) Addition
Name: SAELINGER, WILLIAN
Address: 1320 TRAILWOOD DRIVE
City-St-Zip: NEPTUNE BEACH, FL 32266

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: KATHY JOHNSON VP 02/17/2004

Electronic Signature of Signing Officer or Director Date