

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06556

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

FILED
Apr 23, 2007
Secretary of State

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 US

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 32257

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

P

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date