2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K34237

1. *Entity Name*
TENDER CARE CENTERS, INC.

Principal Place of Business	Mailing Address
18824 COUNTY LINE RD. SPRING HILL, FL 34610	PO BOX 5159 SPRING HILL, FL 34611 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0088097
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZUCO, PHILLIP
6484 LAUREL OAK DR
SPRINGHILL, FL 34607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZZUCO, PHILIP
STREET ADDRESS	6484 LAUREL OAK DR
CITY-ST-ZIP	SPRINGHILL, FL
TITLE	D
NAME	MAZZUCO, MICHAEL
STREET ADDRESS	6499 SUGAR TREE DR
CITY-ST-ZIP	SPRINGHILL, FL
TITLE	D
NAME	MIDDLETON, PHYLLIS
STREET ADDRESS	4651 LAKE IN THE WOODS DR
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80058-020 150.00

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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: _____ 1/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #