


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2007 8:00 am
Secretary of State

01-11-2007 90051 008 ***150.00

DOCUMENT # K34237	
1. Entity Name TENDER CARE CENTERS, INC.	

Principal Place of Business 18824 COUNTY LINE RD. SPRING HILL, FL 34610	Mailing Address PO BOX 5159 SPRING HILL, FL 34611 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0088097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MAZZUCO, PHILLIP 6484 LAUREL OAK DR SPRINGHILL, FL 34607	<i>PO BOX 5159 SPRING HILL, FL 34611 8090 SUGAR BUSH DR SPRING HILL, FL 34606</i>

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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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<i>8090 SUGAR BUSH DR</i>
NAME MAZZUCO, PHILIP	
STREET ADDRESS 6484 LAUREL OAK DR	<i>PO BOX 5159</i>
CITY-ST-ZIP SPRINGHILL, FL 34607	<i>34606</i>
TITLE D	
NAME MAZZUCO, MICHAEL	
STREET ADDRESS 6499 SUGAR TREE DR	
CITY-ST-ZIP SPRINGHILL, FL 34607	
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	

DO NOT WRITE IN THIS SPACE

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: <i>Philip Mazzuco</i>	Date: <i>1/4/07</i>	Daytime Phone: _____
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SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

PHILIP MAZZUCO