


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90063 012 \*\*\*150.00


**DOCUMENT # K73360**  
 1. Entity Name  
 LTC SERVICES, INC.



Principal Place of Business      Mailing Address  
 2054 MONICA COURT      2054 MONICA COURT  
 PALM HARBOR, FL 34683 US      PALM HARBOR, FL 34683 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 361 Harbor Passage      361 Harbor Passage  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

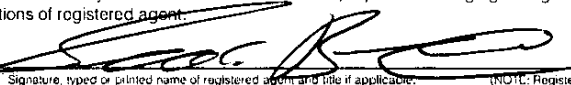
City & State      City & State  
 Clearwater FL      Clearwater FL  
 Zip      Country      Zip      Country  
 33767      USA      33767      USA



04172008      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
 59-2930708      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BALDWIN, SCOTT A  
 2054 MONICA CT  
 PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent  
 Name      SCOTT A BALDWIN  
 Street Address (P.O. Box Number is Not Acceptable)      361 Harbor Passage  
 City      Clearwater      FL      Zip Code      33767

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: 4/17/08  
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, 2008 Fee will be \$550.00**

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


10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BALDWIN, SCOTT A.	2054 MONICA CT	PALM HARBOR FL 34683	→
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	361 Harbor Passage	Clearwater	FL 33767		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:       DATE: 4/17/08      Daytime Phone #: 727-735-3808  
Signature and typed or printed name of signing officer or director