


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 026 ***150.00

DOCUMENT # P01000021263		
1. Entity Name J & S CARING, INC.		

Principal Place of Business 1501 ALTON ROAD CHARLOTTE FL 33952	Mailing Address 1501 ALTON ROAD CHARLOTTE FL 33952
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2. Principal Place of Business 4384 Hwy 77	3. Mailing Address 4384 Hwy 77
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Graceville, FL	City & State Graceville, FL
Zip 32440	Zip 32440
Country FLORIDA	Country JACKSON



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1081429		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 SHEIDLER, SUSAN C 1501 ALTON ROAD CHARLOTTE FL 33952		
7. Name and Address of New Registered Agent Name Sheidler Susan C Street Address (P.O. Box Number is Not Acceptable) 4386 Hwy 77 City Graceville FL Zip Code 32440		

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 *Susan C. Sheidler* DATE 2-28-05

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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEIDLER, SUSAN C 1501 ALTON ROAD CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Sheidler Susan C 4386 Hwy 77 Graceville, FL 32440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDUSKY, JAMIE N 1501 ALTON ROAD CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sandusky Jamie N 4386 Hwy 77 Graceville, FL 32440 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 *Susan C. Sheidler* Susan C. Sheidler 2-28-05 8502633572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #