2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P01000021793

Entity Name: VISITING CARETENDERS, INC.

Current Principal Place of Business:

777 W HICKPOOCHEE AVE
SUITE C
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2737
LABELLE, FL 33935

New Mailing Address:

FEI Number: 65-1079136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTINE, OFFUTT L
9640 HWY 78 W
OKEECHOBEE, FL 34974 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: PSD ( ) Delete
Name: WILLIAMS, ROSE M
Address: 17400 APSEN BLVD
City-St-Zip: LABELLE, FL 33935

Title: VTD ( ) Delete
Name: OFFUTT, CHRISTINE L
Address: 9640 HWY 78 W
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: WILLIAMS, ROSE M
Address: 1181 APSEN BLVD
City-St-Zip: LABELLE, FL 33935

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: ROSE WILLIAMS PSD 02/13/2009

Electronic Signature of Signing Officer or Director Date