

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044137

Entity Name: AUTUMN CARE, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

3221 FRUITVILLE RD.
SARASOTA, FL 34237

New Principal Place of Business:

111 2ND AVE NE
SUITE 805
ST PETERSBURG, FL 33701

Current Mailing Address:

111 2ND AVE NE
STE 805
SAINT PETERSBURG, FL 33701

New Mailing Address:

111 2ND AVE NE
SUITE 805
ST PETERSBURG, FL 33701

FEI Number: 65-1099019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, DAVID A ESQ
2959 FIRST AVE. N.
ST. PETERSBURG, FL 33713 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: DP () Delete
Name: SOPER, JAMES
Address: 111 2ND. AVE NE STE. 805
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES SOPER

DP

04/20/2004

Electronic Signature of Signing Officer or Director

Date