


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State


03-17-2004 90001 017 ***150.00

DOCUMENT # P01000073054	
1. Entity Name TOTAL CARE SERVICES LEASING, INC.	

Principal Place of Business 5880 10TH AVENUE NW, NAPLES FL 34119	Mailing Address 5880 10TH AVENUE NW NAPLES FL 34119
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2. Principal Place of Business <i>Change of Street Name -</i> 5880 - ENGLISH OAKS LA.	3. Mailing Address 5880 ENGLISH OAKS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FL	City & State SAME
Zip 34119	Country Collier

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-3743152	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 DELIA, BRUCE 5880 10TH AVENUE NW NAPLES FL 34119	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <i>Bruce D'Elia</i>	DATE 3/15/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	Check # 5584	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	D DELIA, BRUCE 5880 10TH AVENUE NW NAPLES FL 34119 <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: <i>Bruce D'Elia</i>	DATE: 3/15/04 DAYTIME PHONE: 239 513-9595