

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000073054

1. Entity Name
TOTAL CARE SERVICES LEASING, INC.



Principal Place of Business
5880 ENGLISH OAKS LA
NAPLES, FL 34119

Mailing Address
5880 ENGLISH OAKS LA
NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

**FILED
Mar 21, 2005 8:00 am
Secretary of State**

03-21-2005 90093 010 ***150.00

50028142

500
28142



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743152	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DELIA, BRUCE
5880 10TH AVENUE NW
NAPLES, FL 34119

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELIA, BRUCE
STREET ADDRESS 5880 10TH AVENUE NW
CITY-ST-ZIP NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Bruce D. Eli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

3/14/05

239
513-9595

Date

Daytime Phone #