

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90315 041 ***150.00

DOCUMENT # P01000098525

1. Entity Name
EXTENDED CARE, INC.



Principal Place of Business

C/O TOM MARTIN
PO BOX 2205
STUART, FL 34995-2205

Mailing Address

C/O TOM MARTIN
PO BOX 2205
STUART, FL 34995-2205

50037160



2. Principal Place of Business

1434 SE SOLAR ST.
Suite, Apt. #, etc.

3. Mailing Address

1434 SE SOLAR ST
Suite, Apt. #, etc.

01162005 Chg-P CR2E034 (10/03)

City & State

PORT ST LUCIE, FL
Zip **34983** Country **US**

City & State

PORT ST LUCIE, FL
Zip **34983** Country **US**

4. FEI Number
65-1154721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, TOM
358 SE WALSH TERRACE
PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **PORT ST LUCIE** FL Zip Code **34983**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MARTIN, TOM
358 SE WALSH TERRACE
PORT SAINT LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1434 SE SOLAR STREET
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM MARTIN
PRESIDENT

Date

Daytime Phone #

4/16/05 (770) 376-7080