

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034217

FILED
Apr 28, 2004
Secretary of State

Entity Name: T & T NURSING SERVICES, INC.

Current Principal Place of Business:

5717 BOYNTON COVE WAY
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

5717 BOYNTON COVE WAY
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 04-3643821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEART, DAPHNE H
5717 BOYNTON COVE WAY
BOYNTON BEACH, FL 33437

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: D () Delete
Name: PEART, DAPHNE H
Address: 5717 BOYNTON COVE WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: JACKSON, THEODORE C
Address: 2300 N.E. FIRST LANE, APT. 302
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: SMITH, DOREEN D
Address: 7756 NORTHREE WAY
City-St-Zip: LAKEWORTH, FL 33464

Title: D () Delete
Name: CHIN, ANNMARIE
Address: 99 MALLARD CT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: FLAGER, PRICILLA
Address: 342 SAND PIPER AVENUE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: CHIN, ANNMARIE
Address: 117 PEPPER TREE CRESCENT
City-St-Zip: WEST PALM BEACH, FL 33411

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: DAPHNE H PEART

ADM.

04/28/2004

Electronic Signature of Signing Officer or Director

Date