

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034217

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: T & T NURSING SERVICES, INC.

## Current Principal Place of Business:

2100 45TH ST  
SUITE A5  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

2100 45TH ST  
SUITE A5  
WEST PALM BEACH, FL 33407

## 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 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: 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: 117 PEPPER TREE CRESCENT  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

D

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date