


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90004 030 ***150.00

DOCUMENT # P02000092297 1. Entity Name TENDER AGE NURSING SERVICES CORP					
Principal Place of Business 115 TIMBERLACHEN CIRCLE #2009 LAKE MARY, FL 32746		Mailing Address 115 TIMBERLACHEN CIRCLE #2009 LAKE MARY, FL 32746			
2. Principal Place of Business 115 Timberlachen Cir Suite, Apt. #, etc. 2009		3. Mailing Address 115 Timberlachen Cir Suite, Apt. #, etc. 2009		54056571 	
City & State Lake Mary FL		City & State Lake Mary FL		4. FEI Number 54-2093898	
Zip 32746		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FISHER, MARGARET 801 INTERNATIONAL PKY LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Margaret S. Fisher Street Address (P.O. Box Number is Not Acceptable) 115 Timberlachen Cir # 2009 City Lake Mary FL Zip Code 32746	
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 Margaret S. Fisher 05/28/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHER, ROBERT A 1092 DUDLEY DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, TOLUPOE A 1092 DUDLEY DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, MARGARET S 1092 DUDLEY DRIVE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: Margaret S. Fisher 05/28/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					