

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092297

FILED
Apr 05, 2005
Secretary of State

Entity Name: TENDER AGE NURSING SERVICES CORP

Current Principal Place of Business:

115 TIMBERLACHEN CIRCLE
#2001
LAKE MARY, FL 32746

Current Mailing Address:

115 TIMBERLACHEN CIRCLE
#2001
LAKE MARY, FL 32746

New Principal Place of Business:

115 TIMBERLACHEN CIRCLE
#2009
LAKE MARY, FL 32746

New Mailing Address:

115 TIMBERLACHEN CIRCLE
#2009
LAKE MARY, FL 32746

FEI Number: 54-2093898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISHER, MARGARET
115 TIMBERLACKEN CIR
2009
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

FISHER, TOLUPE A
115 TIMBERLACKEN CIR
2009
LAKE MARY, FL 32746 US

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: TFISHER

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISHER, ROBERT A
Address: 1092 DUDLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: V () Delete
Name: FISHER, TOLUPE A
Address: 1092 DUDLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: V () Delete
Name: FISHER, MARGARET S
Address: 1092 DUDLEY DRIVE
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: FISHER, TOLUPE A
Address: 2320 FALLING ACORN CIR
City-St-Zip: LAKE MARY, FL 32746

Title: P (X) Change () Addition
Name: FISHER, ROBERT A
Address: 2320 FALLING ACORN CIR
City-St-Zip: LAKE MARY, FL 32746

Title: V (X) Change () Addition
Name: FISHER, MARGARET S
Address: 2320 FALLING ACORN CIR
City-St-Zip: LAKE MARY, FL 32746

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: TFISHER

CEO

04/05/2005

Electronic Signature of Signing Officer or Director

Date