

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90086 040 ***158.75

DOCUMENT # P02000097107

1. Entity Name
TJ'S ASSISTANT CARE SERVICE INC.



Principal Place of Business

2900 14TH AVE N
STE 10
NAPLES, FL 34103

Mailing Address

900 SEAGRAPE DR
MARCO ISLAND, FL 34145

40003685



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

4990 Coral Wood Dr

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State
Naples FL

4. FEI Number
75-3066986

Applied For
Not Applicable

Zip Country

Zip Country
34119 Collier

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

6. Name and Address of Current Registered Agent

JAMES, THELMA M
900 SEAGRAPE DR
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JAMES, THELMA M
STREET ADDRESS 900 SEAGRAPE DR
CITY- ST- ZIP MARCO ISLAND, FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME James, Thelma M
STREET ADDRESS 4990 Coral Wood Dr
CITY- ST- ZIP Naples FL 34119

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Thelma James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

239-243 2273

Date

Daytime Phone #

ATTACHMENT

P02000097107

To the Division of Corporation
my place of Business Address is
Correct. my Residence Address
is 4990 Coralwood DR.
Naples Fla. 34119

239-465-8505 cell
offi 239 263-7273
home 239-455-7723