

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107704

Entity Name: AGING ASSISTANCE, INC.

FILED
Feb 08, 2009
Secretary of State

Current Principal Place of Business:

4918 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5647 PINE STREET
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4918 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 56-2298717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOK, JOAN NELSON
4918 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: HOOK, JOAN NELSON
Address: 4918 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPS () Delete
Name: JANOVSKY, SALLY
Address: 4918 FLORAMAR TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: JONES, PATRICIA
Address: 4741 US 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: HOOK, DAVID A ESQ
Address: 4918 FLORAMAR TERR
City-St-Zip: NEW PORT RICHEY, FL 34652

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SALLY JANOVSKY

VPS

02/08/2009

Electronic Signature of Signing Officer or Director

Date