

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000107704

Entity Name: AGING ASSISTANCE, INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

4918 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652

## **New Principal Place of Business:**

2513 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655

## **Current Mailing Address:**

4918 FLORAMAR TERRACE  
NEW PORT RICHEY, FL 34652

## **New Mailing Address:**

2513 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655

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:**

JONES, PATRICIA  
2513 SEVEN SPRINGS BLVD  
TRINITY, FL 34655 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: PATRICIA JONES

01/05/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: JANOVSKY, SALLY  
Address: 2513 SEVEN SPRINGS BLVD  
City-St-Zip: TRINITY, FL 34655

Title: ST  
Name: JONES, PATRICIA  
Address: 2513 SEVEN SPRINGS BLVD  
City-St-Zip: TRINITY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA JONES

ST

01/05/2012

Electronic Signature of Signing Officer or Director

Date