

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016683

FILED
Apr 30, 2007
Secretary of State

Entity Name: SENIOR HOME CARE SERVICES INC.

Current Principal Place of Business:

11718 BRANCH MOORING DR.
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

11718 BRANCH MOORING DR.
TAMPA, FL 33635

New Mailing Address:

FEI Number: 56-2367533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMSEY, CHARLOTTE
11718 BRANCH MOORING DR.
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

RAMSAY, CHARLOTTE R
11718 BRANCH MOORING DR.
TAMPA, FL 33635 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: CHARLOTTE RAMSAY

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIRE () Delete
Name: RAMSAY, CHARLOTTE R DIRECTO
Address: 11718 BRANCH MOOING DR.
City-St-Zip: TAMPA, FL 33635 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMSAY, CHARLOTTE R
Address: 11718 BRANCH MOOING DR.
City-St-Zip: TAMPA, FL 33635 US

Title: S () Change (X) Addition
Name: RAMSAY, AVERY L
Address: 11718 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635

Title: D () Change (X) Addition
Name: RAMSAY, CHARLOTTE R
Address: 11718 BRANCH MOORING DR.
City-St-Zip: TAMPA, FL 33635

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: CHARLOTTE RAMSAY

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04/30/2007

Electronic Signature of Signing Officer or Director

Date