

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P03000021854

1. Entity Name

LTC CONSULTANTS, INC.



2008 NOV 3 AM 10:24

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10110 GLENMORE AVE

3. Mailing Address

PO Box 50992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

SARASOTA, FL

Zip

34202

Country

USA

Zip

34232

Country

SARASOTA USA

4. FEI Number

56-2315641

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**REINSTATEMENT 08**

7. Name and Address of Current Registered Agent

Name RANDALL P. FETTERS

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

10110 GLENMORE AVE.

City

BRADENTON

**FL**

Zip Code

34202

**DO NOT WRITE  
IN THIS SPACE**

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.

11/03/08--01073--005 \*\*150.00  
100137581891

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P RANDALL P. FETTERS 10110 GLENMORE AVE. BRADENTON, FL 34202</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST LENDIA A. FETTERS 10110 GLENMORE AVE. BRADENTON, FL 34202</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Randall P. Feters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/08 941-355-6690

2 of 2



Long-Term Care Insurance Specialists

October 27, 2008

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: LTC Consultants, Inc.  
Ref. Number P030000218454

Barbara:

Per our phone conversation this afternoon, enclosed please find our completed 2008 For Profit Corporation Annual Report for the above referenced entity, along with check #1645 in the amount of \$150 for the filing fee.

This is being sent to you pursuant to the Late Fee Waiver/Report Not Received provision, provided in the September 30, 2008 letter from the Division of Corporations.

Yours truly,

A handwritten signature in black ink, appearing to read "Randall P. Feters".

Randall P. Feters  
President

RPF/vls

enclosures

xc: file