

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000052895

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** PERPETUAL CARE & SENIOR LIVING SERVICES INC.

**Current Principal Place of Business:**

747 BON AIR ST.  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

747 BON AIR ST.  
LAKELAND, FL 33805

**New Mailing Address:**

**FEI Number:** 58-2671071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REMO, ARMANDO G  
4402 N. MELTON AVENUE  
SUITE 106-108  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

REMO, ARMANDO G  
11350 66TH STREET  
SUITE 105  
LARGO, FL 33773 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:**

03/15/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GASMENA, PIER A  
**Address:** 747 BON AIR ST  
**City-St-Zip:** LAKELAND, FL 33805

**Title:** VP  
**Name:** GASMENA, JEFFREY S  
**Address:** 747 BON AIR ST.  
**City-St-Zip:** LAKELAND, FL 33805

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:** PIER A GASMENA

P

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date