

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108384

FILED  
Jun 01, 2004  
Secretary of State

Entity Name: L AND J LOVING CARE GROUP HOME, INC.

## Current Principal Place of Business:

621 DAVID CLEMONS RD  
QUINCY, FL 32352

## New Principal Place of Business:

## Current Mailing Address:

621 DAVID CLEMONS RD  
QUINCY, FL 32352

## New Mailing Address:

FEI Number: 20-0037791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMONS, LINDA  
611 DAVID CLEMONS RD  
QUINCY, FL 32352

## Name and Address of New Registered Agent:

PEASE, LEE A  
4544 WESLEY DRIVE  
TALLAHASSEE, FL 32303

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: LEE A. PEASE

06/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CLEMONS, LINDA  
Address: 621 DAVID CLEMONS RD  
City-St-Zip: QUINCY, FL 32352

Title: S ( ) Delete  
Name: CHANDLER, JENNIFER  
Address: 621 DAVID CLEMONS RD  
City-St-Zip: QUINCY, FL 32352

Title: S ( ) Delete  
Name: MCBRIDE, LOIS  
Address: 405 MT ZION CHURCH RD  
City-St-Zip: HAVANA, FL 32333

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA CLEMONS

D

06/01/2004

Electronic Signature of Signing Officer or Director

Date