

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90111 036 ***158.75

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1. Entity Name

MOMMA BEARS TENDER CARE, INC.



Principal Place of Business

7047-2 ATLANTIC BOULEVARD
JACKSONVILLE FL 32211

Mailing Address

7047-2 ATLANTIC BOULEVARD
JACKSONVILLE FL 32211

2. Principal Place of Business

7047-2 Atlantic Blvd
Jacksonville, FL 32211
Suite, Apt. #, etc.

3. Mailing Address

7047-2 Atlantic Blvd
Jacksonville, FL 32211
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, CAROLYN S
2517 ABERCORN ROAD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Carolyn S. Tucker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 P ☐ Delete
NAME TUCKER, CAROLYN S
STREET ADDRESS 2517 ABERCORN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE V ☐ Delete
NAME CROWDER, HELEN D
STREET ADDRESS 5546 SHARON TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn S. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 904) 720-0800

Date

Daytime Phone #