

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000121351

Entity Name: ALL COMPANION CARE, INC

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2804 VICTORIA WAY C-1  
POMPANO BEACH, FL 330661329

**New Principal Place of Business:**

**Current Mailing Address:**

2804 VICTORIA WAY C-1  
POMPANO BEACH, FL 330661329

**New Mailing Address:**

FEI Number: 55-0879457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KERZNER, ELAINE  
2804 VICTORIA WAY C-1  
POMPANO BEACH, FL 33066 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KERZNER, ELAINE  
Address: 2804 VICTORIA WAY C-1  
City-St-Zip: POMPAN0 BEACH, FL 33066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELAINE KERZNER

PRES

01/12/2009

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

\_\_\_\_\_  
Date