

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151673

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: AFFECTIONATE CARE, INC.

## Current Principal Place of Business:

1429 COLONIAL BLVD  
201  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

P.O BOX 458  
MATLACHA, FL 33993 US

## Current Mailing Address:

1429 COLONIAL BLVD  
201  
FORT MYERS, FL 33907 US

## New Mailing Address:

P.O BOX 458  
MATLACHA, FL 33993 US

FEI Number: 20-1843071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKSON, KRISTIFER T  
1429 COLONIAL BLVD  
201  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

JACKSON, KRISTIFER T  
P.O BOX458  
MATLACHA, FL 33993 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: \_\_\_\_\_

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: JACKSON, KRISTIFER T  
Address: 1429 COLONIAL BLVD #201  
City-St-Zip: FORT MYERS, FL 33907 US

Title: VPS ( ) Delete  
Name: BURT, LISA A  
Address: 1429 COLONIAL BLVD #201  
City-St-Zip: FORT MYERS, FL 33907 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: JACKSON, KRISTIFER T  
Address: P.O BOX458  
City-St-Zip: MATLACHA, FL 33993 US

Title: VPS (X) Change ( ) Addition  
Name: BURT, LISA A  
Address: P.O BOX 458  
City-St-Zip: MATLACHA, FL 33993 US

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: KRISTIFER T. JACKSON

PT

02/03/2005

Electronic Signature of Signing Officer or Director

Date