


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000014675 1. Entity Name ASSISTED CARE, ETC., INC.	
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Principal Place of Business 1111 N PALMETTO LEESBURG, FL 34748 US	Mailing Address 1111 N PALMETTO LEESBURG, FL 34748 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1340351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVIN, PATTI
1250 MT HOMER ROAD
SUITE 3
EUSTIS, FL 32726**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

U000000579217
01/09/07-80061-002 158.75

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T ELLIS, LOUISE 1111 N PALMETTO STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBERT, CATHY 1111 N PALMETTO STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, ROBERT E JR 1111 N PALMETTO STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Robert E. Ellis Jr.** 1/05/07 352-217-3001
Date Daytime Phone #