

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114158

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** TAMPA BAY ELDER COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

3818 SHORESIDE CIRCLE  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 342354  
TAMPA, FL 33694 US

**New Mailing Address:**

FEI Number: 20-3381603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARKELL, MARY S  
3818 SHORESIDE CIRCLE  
TAMPA, FL 33624 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

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: P  
Name: HARKELL, MARY S  
Address: 3818 SHORESIDE CIRCLE  
City-St-Zip: TAMPA, FL 33624 US

Title: T  
Name: HARKELL, MAURICE W CFO  
Address: 3818 SHORESIDE CIR  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: MARY HARKELL

P

05/04/2010

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

\_\_\_\_\_ Date