


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90022 003 \*\*\*158.75

|   |  |     |   |  |   |
|---|--|-----|---|--|---|
| <b>DOCUMENT # P05000139783</b>  |  |     |   |   |   |
| 1. Entity Name<br><b>BEVERIDGE J ROCKEFELLER ELDER CARE COMPANY, INC.</b>   |  |     |   |  |   |
| Principal Place of Business<br><b>125 HICKORY CREEK BOULEVARD<br/>BRANDON FL 33511<br/>US</b>   |  |     | Mailing Address<br><b>125 HICKORY CREEK BOULEVARD<br/>BRANDON FL 33511<br/>US</b> |  |   |
| 2. Principal Place of Business  |  |     | 3. Mailing Address  |  |   |
| Suite, Apt. #, etc.   |  |     | Suite, Apt. #, etc.   |  |   |
| City & State  |  |     | City & State  |  |   |
| Zip   | Country  | Zip | Country   | 4. FEI Number<br><b>76-0803382</b>   |   |
|   |  |     |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
|   |  |     |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301</b>   |  |     |   | 7. Name and Address of New Registered Agent<br><br>Name <b>Beveridge J Rockefeller</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>125 Hickory Creek Blvd</b><br>City <b>Brandon</b> FL <b>33511</b> Zip Code <b>33511-8045</b> |   |
| 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.<br><br>SIGNATURE <i>Beveridge J Rockefeller</i> DATE <b>Jan 28 2006</b>   |  |     |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |     |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| 10. OFFICERS AND DIRECTORS  |  |     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE   | <b>Pres/CEO + Dir</b> <input type="checkbox"/> Delete<br><b>ROCKEFELLER, BEVERIDGE J</b><br>STREET ADDRESS <b>125 HICKORY CREEK BOULEVARD</b><br>CITY-ST-ZIP <b>BRANDON FL 33511</b> |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |     |   | NAME   |   |
| STREET ADDRESS  |  |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  |     |   | CITY-ST-ZIP  |   |
| TITLE   | <b>Sec/Treas + Dir</b> <input type="checkbox"/> Delete<br><b>ROCKEFELLER, JANET D</b><br>STREET ADDRESS <b>125 HICKORY CREEK BOULEVARD</b><br>CITY-ST-ZIP <b>BRANDON FL 33511</b>    |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |     |   | NAME   |   |
| STREET ADDRESS  |  |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  |     |   | CITY-ST-ZIP  |   |
| TITLE   | <b>Director</b> <input type="checkbox"/> Delete<br><b>BARRETT, JEAN R</b><br>STREET ADDRESS <b>125 HICKORY CREEK BOULEVARD</b><br>CITY-ST-ZIP <b>BRANDON FL 33511</b>                |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |     |   | NAME   |   |
| STREET ADDRESS  |  |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  |     |   | CITY-ST-ZIP  |   |
| TITLE   | <b>Director</b> <input type="checkbox"/> Delete<br><b>HOFFMAN, HELEN R</b><br>STREET ADDRESS <b>125 HICKORY CREEK BOULEVARD</b><br>CITY-ST-ZIP <b>BRANDON FL 33511</b>               |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |     |   | NAME   |   |
| STREET ADDRESS  |  |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  |     |   | CITY-ST-ZIP  |   |
| TITLE   | <input type="checkbox"/> Delete  |     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |     |   | NAME   |   |
| STREET ADDRESS  |  |     |   | STREET ADDRESS   |   |
| CITY-ST-ZIP   |  |     |   | CITY-ST-ZIP  |   |
| 12. I hereby certify that if information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Beveridge J Rockefeller Pres/CEO</i>  |  |     |   | <b>4/28/06 813-661-1721</b><br><small>Signature Printed Name of Signing Officer or Director</small>  |   |

**66003191**



1st MOORE CR2E034 (10/05)

# ATTACHMENT

66003191

#P05006139783

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
PHILADELPHIA PA 19255-0023

000835.208443.0007.001 2 AB 0.526 1162

|||||

BEVERIDISE J ROCKEFELLER ELDER CARE  
COMPANY INC  
125 HICKORY CREEK BLVD  
BRANDON FL 33511

Date of this notice: 10-26-2005

Employer Identification Number:  
76-0803382

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 76-0803382. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

03/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)



ATTACHMENT

66003191

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2006

BEVERIDGE J ROCKEFELLER ELDER CARE COMPANY, INC.  
125 HICKORY CREEK BOULEVARD  
BRANDON, FL 33511 US

Subject: **BEVERIDGE J ROCKEFELLER ELDER CARE COMPANY, INC.**

Reference Number: **P05000139783**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj  
ANNUAL REPORTS SECTION

See attached  
file