

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074556

Entity Name: JEMCARE SERVICES, INC.

FILED  
Jan 27, 2007  
Secretary of State

**Current Principal Place of Business:**

117 FINKLE STREET SW  
PALM BAY, FL 32908

**New Principal Place of Business:**

**Current Mailing Address:**  
117 FINKLE STREET SW  
PALM BAY, FL 32908

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

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

NELSON, PATRICIA M  
117 FINKLE STREET  
PALM BAY, FL 32908 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: NELSON, PATRICIA M  
Address: 117 FINKLE STREET  
City-St-Zip: PALM BAY, FL 32908

Title: D  Delete  
Name: NELSON, DENNIS G  
Address: 117 FINKLE STREET  
City-St-Zip: PALM BAY, FL 32908

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

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

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: PATRICIA NELSON

Electronic Signature of Signing Officer or Director

DIRE

01/27/2007

Date