

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053907

FILED  
May 15, 2008  
Secretary of State

Entity Name: SOUTHERN LOVING CARE, INC

**Current Principal Place of Business:**

1400 HOWARD STR. EAST  
SUITE B  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

1400 HOWARD STR. EAST  
SUITE B  
LIVE OAK, FL 32064

**New Mailing Address:**

FEI Number: 06-1814051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LANE, ASHLEY  
809 LIME AVE NW  
LIVE OAK, FL 32064      US

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

BUTLER, ASHLEY P  
809 LIME AVE NW  
LIVE OAK, FL 32064      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: ASHLEY P BUTLER      05/15/2008  
\_\_\_\_\_  
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      ( ) Delete  
Name:      LANE, ASHLEY P  
Address:      809 LIME AVE  
City-St-Zip:      LIVE OAK, FL 32064

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

Title:      P      (X) Change ( ) Addition  
Name:      BUTLER, ASHLEY P  
Address:      809 LIME AVE  
City-St-Zip:      LIVE OAK, FL 32064

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: ASHLEY BUTLER      ADM      05/15/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date