

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084102

FILED
Mar 20, 2009
Secretary of State

Entity Name: GREAT GRANDMA'S TENDER, LOVE AND CARE, INC

Current Principal Place of Business:

34729 ORCHID PARKWAY
RIDGE MANOR, FL 33523

New Principal Place of Business:

Current Mailing Address:

34729 ORCHID PARKWAY
RIDGE MANOR, FL 33523

New Mailing Address:

FEI Number: 20-8962947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COWARD, SAUNDRA
15915 US HIGHWAY 301
DADE CTY, FL 33526-151 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: P () Delete
Name: PACK, MARY S
Address: 34729 ORCHID PARKWAY
City-St-Zip: RIDGE MANOR, FL 33523

Title: VP () Delete
Name: PACK, MARY S
Address: 34729 ORCHID PARKWAY
City-St-Zip: RIDGE MANOR, FL 33523

Title: SEC () Delete
Name: PACK, MARY S
Address: 34729 ORCHID PARKWAY
City-St-Zip: RIDGE MANOR, FL 33523

Title: TREA () Delete
Name: PACK, MARY S
Address: 34729 ORCHID PARKWAY
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARY PACK

O/D

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date