

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010726

FILED
Jan 17, 2011
Secretary of State

Entity Name: CONTINUING CARE ELDER SERVICES, INC.

Current Principal Place of Business:

143 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

143 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 26-1850673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTON, WILLIAM T
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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

OFFICERS AND DIRECTORS:

Title: P
Name: PRESTON, WILLIAM T
Address: 143 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP
Name: PRESTON, KATHRYN P
Address: 143 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S,T
Name: NETTLES, CHERYL
Address: 30 OAK TREE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: WILLIAM T. PRESTON

PRES

01/17/2011

Electronic Signature of Signing Officer or Director

Date