2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P94000053171 02-20-2006 90032 022 ***150.00 JASONS ARBOR CARE SERVICE INC. Mailing Address Principal Place of Business 60018907 3181 FRONTIER AVE 3181 FRONTIER AVE LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 2. Principal Place of Business (39 Blueboll) 3. Mailing Address 639 Bluebell Gust Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/05) 02092006 Cha-P Applied For City & State City & State 4. FEI Number 65-0532195 Not Applicable Jellin \$8.75 Additional 5. Certificate of Status Desired Paln Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 200 EBERSOLD, JASON M Box Number is Not Acceptable) 3181 FRONTIER AVE LAKE WORTH, FL 33467 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. SIGNATURE (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE hange ☐ Addition TITLE Ebersold, Juson M EBERSOLD, JASON M NAME NAME 639 Bluebell Court STREET ADDRESS 3181 FRONTIER AVE STREET ADDRESS wellington, FL MGRM CITY-ST-ZIP CITY-ST-ZiP LAKE WORTH, FL 33467 ☐ Delete TITLE Change ☐ Addition TITLE Ebersold, Teresa 639 Bluebell Court EBERSOLD, TERESA NAME 3181 FRONTIER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIE ☐ Change — ☐ Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRTY-ST-ZIP TITLE ☐ Delete TITLE . 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED

Date

Daytime Phone #

Feb 20, 2006 8:00 am