


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 022 ***150.00

DOCUMENT # P94000053171			
1. Entity Name JASONS ARBOR CARE SERVICE INC.			
Principal Place of Business 3181 FRONTIER AVE LAKE WORTH, FL 33467 US		Mailing Address 3181 FRONTIER AVE LAKE WORTH, FL 33467 US	
2. Principal Place of Business 639 Bluebell Court Suite, Apt. #, etc.		3. Mailing Address 639 Bluebell Court Suite, Apt. #, etc.	
City & State Wellington, FL Zip 33414 Country Palm Beach		City & State Wellington, FL Zip 33414 Country Palm Beach	
4. FEI Number 65-0532195		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EBERSOLD, JASON M 3181 FRONTIER AVE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Ebersold, Jason M Street Address (P.O. Box Number is Not Acceptable) 639 Bluebell Court City Wellington FL Zip Code 33414	
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: <i>Jason Ebersold</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EBERSOLD, JASON M 3181 FRONTIER AVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ebersold, Jason M 639 Bluebell Court Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBERSOLD, TERESA 3181 FRONTIER AVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ebersold, Teresa 639 Bluebell Court Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *Jason Ebersold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #