2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000087824

1. Entity Name
PUNTA GORDA ELDERLY CARE CENTER, INC.

Principal Place of Business	Mailing Address
2295 SHREVE ST. PUNTA GORDA, FL 33950	2295 SHREVE ST. PUNTA GORDA, FL 33950

02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0535765
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WAKSLER, GERI L
PEPER, MARTIN, JENSEN, MAICHEL ATT. A LAW
1625 W MARIAN AVE., SUITE 2
PUNTA GORDA, FL 33950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000064336
02/24/04-80008-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELTON, LORETTA J
STREET ADDRESS	515 VIA TRIPOLI, UNIT B
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	MELTON, MICKEY G
STREET ADDRESS	515 VIA TRIPOLI, UNIT B
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DVPS
NAME	MELTON, LORETTA J
STREET ADDRESS	515 VIA TRIPOLI, UNIT B
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	DP
NAME	MELTON, MR MICKEY G
STREET ADDRESS	515 VIA TRIPOLI, UNIT B
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	DT
NAME	MCLAREN, MRS LISA
STREET ADDRESS	515 VIA TRIPOLI, UNIT A
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	D
NAME	MCLAREN, WILLIAM
STREET ADDRESS	515 VIA TRIPOLI, UNIT A
CITY-ST-ZIP	PUNTA GORDA, FL 33950

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Micky G. Melton 2-20-04 (941)575-9390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #