

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087824

FILED
Feb 11, 2005
Secretary of State

Entity Name: PUNTA GORDA ELDERLY CARE CENTER, INC.

Current Principal Place of Business:

2295 SHREVE ST.
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

2295 SHREVE ST.
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0535765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WAKSLER, GERAL
PEPER, MARTIN, JENSEN, MAICHEL ATT. A LAW
1625 W MARIAN AVE., SUITE 2
PUNTA GORDA, FL 33950 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: D () Delete
Name: MELTON, LORETTA J
Address: 515 VIA TRIPOLI, UNIT B
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MELTON, MICKEY G
Address: 515 VIA TRIPOLI, UNIT B
City-St-Zip: PUNTA GORDA, FL 33950

Title: DVPS () Delete
Name: MELTON, LORETTA J
Address: 515 VIA TRIPOLI, UNIT B
City-St-Zip: PUNTA GORDA, FL 33950

Title: DP () Delete
Name: MELTON, MR MICKEY G
Address: 515 VIA TRIPOLI, UNIT B
City-St-Zip: PUNTA GORDA, FL 33950

Title: DT () Delete
Name: MCLAREN, MRS LISA
Address: 515 VIA TRIPOLI, UNIT A
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MCLAREN, WILLIAM
Address: 515 VIA TRIPOLI, UNIT A
City-St-Zip: PUNTA GORDA, FL 33950

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:

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 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 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: MR. MICKEY G. MELTON

D P

02/11/2005

Electronic Signature of Signing Officer or Director

Date