## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Bett full former of PROTECT A CUIL D'MONET

DOCUMENT # P96000049960					Jan 29, 2005 08:00 AM Secretary of State				
1. Entity Name BETTY'S PROGRESSIVE ELDERLY CARE, INC.						Secret	ary ot	State	
Principal Plac	e of Business A	failing Address	<u> </u>			•			
806 CHICAGO AVENUE 806 CHICAGO AVENUE									
SO. DAYTONA, FL 32119 SO. DAYTONA, FL 32119									
				#13F # 1					
						ia levia emili edili edili edili edi.	SOM DINE HERE		
					01252005	No Chg-P	CR2E034	(10/03)	
DO NOT WRITE IN THIS SPACE			CE		4. FEI Numb			Applied For	
					59-347	76056		Not Applicable	
					5. Certificate	e of Status Desired		3.75 Additional Pequired	
6. Name and Address of Current Registered Agent			ay frantsa Sala Mada Sala Sala						
WILDMON	IE, BETTY J		11.05	1364		NOT W	RITE		
1820 ORMAND'S JUNGLE DEN ROAD LOT #78			TATE OF THE PARTY		La Richard Land	医阿雷尼氏管 医多氏管 医医氏管 医红色 人名英格兰	ti da la keti balakte i d		
ASTOR, FL 32102						THIS SP	AUE RMB144		
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.									
D. A. 1.1.1.						1-25	- 01		
SIGNATURE Signature, typed or political plants of registered agent and site if applicable (NOTE: Registered Agent algoritem required when reinstating)  DATE									
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.					d to Fees				
10.	OFFICERS AND DIRE	CTORS		特性					
title Name	D WILDMONE, BETTY J		12.5	in No.			8005170	13 150.75	
STREET ADDRESS	806 CHICAGO AVENUE								
CITY-ST-ZIP	SO. DAYTONA, FL 32119		n na agus ann an agus a Canaigh agus an agus an agus agus an a						
NAME	WILDMONE, ROY L		1						
STREET ADDRESS CITY-ST-ZIP	2929 GASLIGHT DR. SO. DAYTONA, FL								
BILE				照图:" 结束有					
NAME STREET ADDRESS									
CITY-ST-ZIP					# DO		RITE		
TITLE			The material is larger to the second of the			THIS SF	ACE		
NAME STREET ADDRESS			2 644 or 64 10						
CITY-ST-ZIP									
TITLE NAME									
STREET ADDRESS				155					
CITY-ST-ZIP		······································							
THLE									
STREET ADDRESS			1000年1月1日						
	certify that the information supplied with this	filing does not qualify for the exe	motion stated	ાણ⊠ in Sec	tion 119.07(3)	attili i i i i i i i i i i i i i i i i i	further certify	that the Information	
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.									

**FILED**