

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2005 08:00 AM
Secretary of State

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1. Entity Name
BETTY'S PROGRESSIVE ELDERLY CARE, INC.

Principal Place of Business
806 CHICAGO AVENUE
SO. DAYTONA, FL 32119

Mailing Address
806 CHICAGO AVENUE
SO. DAYTONA, FL 32119



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3476056
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILDMONE, BETTY J
1820 ORMAND'S JUNGLE DEN ROAD
LOT #78
ASTOR, FL 32102

DO NOT WRITE
IN THIS SPACE

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 *Betty Wildmone*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILDMONE, BETTY J
806 CHICAGO AVENUE
SO. DAYTONA, FL 32119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILDMONE, ROY L
2929 GASLIGHT DR.
SO. DAYTONA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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: *Betty Wildmone* *BETTY J. WILDMONE*
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

(386) 761-5043