

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000049960

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** BETTY'S PROGRESSIVE ELDERLY CARE, INC.

**Current Principal Place of Business:**

806 CHICAGO AVENUE  
SO. DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

806 CHICAGO AVENUE  
SO. DAYTONA, FL 32119

**New Mailing Address:**

**FEI Number:** 59-3476056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILDMONE, BETTY J  
806 CHICAGO AVE  
SOUTH DAYTONA, FL 32119 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILDMONE, BETTY J  
Address: 806 CHICAGO AVENUE  
City-St-Zip: SO. DAYTONA, FL 32119 US

Title: D  
Name: WILDMONE, ROY L  
Address: 2929 GASLIGHT DR.  
City-St-Zip: SO. DAYTONA, FL 32119 US

I hereby 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 all other like empowered.

SIGNATURE: ROY LEE WILDMONE

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date