

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000065043

1. Entity Name

LOVING CARE SITTERS, INC.



Principal Place of Business

3550 EBENEZER CHURCH ROAD  
JAY FL 32565

Mailing Address

3550 EBENEZER CHURCH ROAD  
JAY FL 32565

2. Principal Place of Business

Suite, Apt #, etc.

3. Mailing Address

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3463703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHELL, MARY J  
3550 EBENEZER CHURCH ROAD  
JAY FL 32565

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SHELL, MARY J  
STREET ADDRESS 3550 EBENEZER CHURCH ROAD  
CITY-ST-ZIP JAY FL 32565

TITLE V ☐ Delete  
NAME SHELL, LEROY  
STREET ADDRESS 3550 EBENEZER CHURCH RD  
CITY-ST-ZIP JAY FL 32565

TITLE S ☐ Delete  
NAME JOHNSON, FRANCIS L  
STREET ADDRESS 4762 ANNA SIMPSON RD  
CITY-ST-ZIP MILTON FL 32583

TITLE T ☐ Delete  
NAME JOHNSON, NORMA  
STREET ADDRESS 4762 ANNA SIMPSON RD  
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000053957  
CITY-ST-ZIP 02/16/04-80152-006 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Mary J. Shell Mary J. Shell

2/6/04 850.675.4278

Date

Daytime Phone #