

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065043

FILED
Aug 31, 2006
Secretary of State

Entity Name: LOVING CARE SITTERS, INC.

Current Principal Place of Business:

3550 EBENEZER CHURCH ROAD
JAY, FL 32565

New Principal Place of Business:

5675 HWY.90
F
MILTON, FL 32583

Current Mailing Address:

3550 EBENEZER CHURCH ROAD
JAY, FL 32565

New Mailing Address:

5675 HWY.90
F
MILTON, FL 32583

FEI Number: 59-3463703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELL, MARY J
3550 EBENEZER CHURCH ROAD
JAY, FL 32565 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: P () Delete
Name: SHELL, MARY J
Address: 3550 EBENEZER CHURCH ROAD
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: SHELL, LEROY
Address: 3550 EBENEZER CHURCH RD
City-St-Zip: JAY, FL 32565

Title: S () Delete
Name: JOHNSON, FRANCIS L
Address: 4762 ANNA SIMPSON RD
City-St-Zip: MILTON, FL 32583

Title: T () Delete
Name: JOHNSON, NORMA
Address: 4762 ANNA SIMPSON RD
City-St-Zip: MILTON, FL 32583

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARY SHELL

MRS

08/31/2006

Electronic Signature of Signing Officer or Director

Date