

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008026

FILED
Mar 09, 2005
Secretary of State

Entity Name: COMPASSIONATE COMPANIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1981 JAPONICA ROAD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

5415 LAKE HOWELL RD
216
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3491094 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOLF, STEPHEN N
1981 JAPONICA ROAD
WINTER PARK, FL 32792 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: PSTD () Delete
Name: WOLF, STEPHEN N
Address: 1981 JAPONICA ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: WOLF, DORIS
Address: 1981 JAPONICA ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: WOLF, MYRNA
Address: 20533 BISCAYNE BLVD STE 4-125
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOLF, MYRNA
Address: 8930 STATE ROAD 84 # 204
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN WOLF

PSTD

03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date