

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089627

FILED
Feb 27, 2009
Secretary of State

Entity Name: SENIOR PARTNER CARE SERVICES, INC.

Current Principal Place of Business:

8085 SPYGLASS HILL RD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

8085 SPYGLASS HILL RD
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3675784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, DON
8085 SPYGLASS HILL RD
MELBOURNE, FL 32940 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: PRES () Delete
Name: KRAMER, DON
Address: 349 BERKELEY STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP () Delete
Name: KRAMER, BETH
Address: 349 BERKELEY STREET
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DON KRAMER

PRES

02/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date