

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000031801

**Entity Name:** AGELESS CARE & GUARDIANSHIP, INC.

**Current Principal Place of Business:**

931 N STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

931 N STATE RD 434  
STE 1201-319  
ALTAMONTE SPRINGS , FL 32714 US

**FEI Number:** 85-0922469

**Certificate of Status Desired:** No

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

BOGE, SAINTANISE  
931 N STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS, FL 32714 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            BOGE, SAINTANISE  
Address        931 N STATE RD 434  
                  STE 1201-319  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP  
Name            PETITFRERE, SAVION  
Address        931 N STATE RD 434  
                  SUITE 1201-319  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** SAINTANISE BOGE

**CEO**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date