

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90039 029 \*\*\*150.00

**DOCUMENT # P00000043731**

1. Entity Name  
VIRGIN ISLAND CARE, INC.



Principal Place of Business  
2100 45TH STREET  
SUITE B-6  
WEST PALM BEACH, FL 33407 US

Mailing Address  
P.O. BOX 530274  
LAKE PARK, FL 33403 US



2. Principal Place of Business  
2100 45th St  
Suite, Apt. #, etc.  
Suite B-6

3. Mailing Address  
P.O. Box 530274  
Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State  
West Palm Bch, FL Lake Park, FL  
Zip 33407 Country USA Zip 33403 Country USA

4. FEI Number  
65-1060221  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JARVIS, CURTIS S SR.  
2100 45TH STREET  
B-6  
WEST PALM BEACH, FL 33407

**7. Name and Address of New Registered Agent**

Name Anthony Telemacque  
Street Address (P.O. Box Number is Not Acceptable)  
10647 Squires Court  
City Jacksonville FL Zip Code 32257

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] DATE: 3/09/2004  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JARVIS, GAIL K PRES P.O. BOX 530274 LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, GAIL K P.O. BOX 530274 LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Bedminster, Gail Pres P.O. Box 530274 Lake Park, FL 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bedminster Gail P.O. Box 530274 Lake Park, FL 33403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE: 3/7/04 DAYTIME PHONE #: 561-876-2024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR