


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000061725					
1. Entity Name RICK'S CUSTOM CARE, INC.					
Principal Place of Business 5695 US HIGHWAY 1, UNIT #C VERO BEACH FL 32967		Mailing Address 5695 US HIGHWAY 1, UNIT #C VERO BEACH FL 32967			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3654090</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For Not Applicable		1st MOORE CR2E034 (10/04)			
6. Name and Address of Current Registered Agent  GELL, RICHARD F 5695 US HWY 1 UNIT C VERO BEACH FL 32967			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GELL, RICHARD F	NAME			
STREET ADDRESS	5695 NORTH US HIGHWAY 1, #C	STREET ADDRESS			
CITY- ST- ZIP	VERO BEACH FL 32967	CITY- ST- ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDESTY, GEORGETTE S	NAME			
STREET ADDRESS	5695 US HIGHWAY 1, UNIT #C	STREET ADDRESS			
CITY- ST- ZIP	VERO BEACH FL 32967	CITY- ST- ZIP			
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STREET ADDRESS		STREET ADDRESS			
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CITY- ST- ZIP		CITY- ST- ZIP			



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3654090** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GELL, RICHARD F  
5695 US HWY 1 UNIT C  
VERO BEACH FL 32967

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

000000217604  Change  Addition  
 02/07/05-80028-023 150.00

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: Richard F. Gell RICHARD F. GELL Date: 2.1.05 172-770-9901 Daytime Phone #