


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90025 016 ***150.00

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
161 Sebastian Blvd #306
 Suite, Apt. #, etc.
Bldg 3 #5
 City & State
Sebastian FL

3. Mailing Address
161 Sebastian Blvd
 Suite, Apt. #, etc.
#306
 City & State
Sebastian FL

1st MOORE CR2E034 (10/05)

4. FEI Number
59-3654090

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

Zip **32958** Country **USA**

Applied For
 Not Applicable

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 **Gell, Richard F.**
 Street Address (P.O. Box Number is Not Acceptable)
161 Sebastian Blvd
#306
 City **Sebastian** FL Zip Code **32958**

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 revalidating) DATE _____

FILE NOW!!! - FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	GELL, RICHARD F	
STREET ADDRESS	5695 NORTH US HIGHWAY 1, #C	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	S	
NAME	HARDESTY, GEORGETTE S	
STREET ADDRESS	5695 US HIGHWAY 1, UNIT #C	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	Address	<input checked="" type="checkbox"/>	
NAME	161 Sebastian Blvd #306		
STREET ADDRESS	Sebastian FL 32958		
CITY-ST-ZIP	Sebastian, FL 32958		
TITLE	Address	<input checked="" type="checkbox"/>	
NAME	161 Sebastian Blvd #306		
STREET ADDRESS	Sebastian, FL 32958		
CITY-ST-ZIP	Sebastian, FL 32958		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Georgette S. Hardesty - Georgette S. Hardesty 3.14.06 772-581-9901
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #