

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000009818

**Entity Name:** COLLIN CARES, INC.

**Current Principal Place of Business:**

160 LOQUAT RD NE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

160 LOQUAT RD NE  
LAKE PLACID, FL 33852 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FULTON, KENIA  
160 LOQUAT RD NE  
LAKE PLACID, FL 33852 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 P  
Name FULTON, KENIA  
Address 160 LOQUAT RD NE  
City-State-Zip: LAKE PLACID FL 33852

Title VP  
Name FULTON, RODNEY  
Address 160 LOQUAT RD NE  
City-State-Zip: LAKE PLACID FL 33852

Title O  
Name CARLSON, CASEY  
Address 2620 TAYLOR ST  
City-State-Zip: HOLLYWOOD FL 33020

Title O  
Name CARLSON, LILLIAN  
Address 2620 TAYLOR ST  
City-State-Zip: HOLLYWOOD FL 33020

Title O  
Name CARLSON, JASON  
Address 2620 TAYLOR ST  
City-State-Zip: HOLLYWOOD FL 33020

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENIA FULTON

**OWNER**

**03/18/2025**

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

\_\_\_\_\_  
Date