

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000007055

**Entity Name:** 904 CARES INC.

**Current Principal Place of Business:**

4536 ECTON LANE EAST  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4536 ECTON LANE EAST  
JACKSONVILLE, FL 32246 US

**FEI Number:** 93-1820404

**Certificate of Status Desired:** No

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

SINGH, PARMJIT MS.  
4330 ST. JOHNS AVE  
JACKSONVILLE, FL 32210 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 SINGH, PARMJIT  
Address 4330 ST. JOHNS AVE.  
City-State-Zip: JACKSONVILLE FL 32210

Title VP  
Name EDWARDS, STEVEN  
Address 4330 ST. JOHNS AVE.  
City-State-Zip: JACKSONVILLE FL 32210

Title SECY  
Name SINGH, BALVINDER  
Address 4536 ECTON LANE EAST  
City-State-Zip: JACKSONVILLE FL 32246

*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:** PARMJIT SINGH

**PRESIDENT**

**04/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date