

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # 417101

1. Entity Name
QUALITY CARETAKING OF INDIAN RIVER, INC.



Principal Place of Business
6125 A ATLANTIC BLVD.
VERO BEACH FL, 32966-1064

Mailing Address
P.O. BOX 1266
VERO BEACH, FL 32961 US



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1432060

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BANACK, SIDNEY M JR
6125-A ATLANTIC BLVD.
VERO BEACH, FL 32960

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BANACK, SIDNEY M JR
STREET ADDRESS	6125-A ATLANTIC BLVD.
CITY- ST- ZIP	VERO BEACH, FL.
TITLE	ST
NAME	BANACK, DONNA SUE
STREET ADDRESS	6125-A ATLANTIC BLVD.
CITY- ST- ZIP	VERO BEACH, FL
TITLE	PD
NAME	BANACK, WILTON R
STREET ADDRESS	6075 ATLANTIC BLVD.
CITY- ST- ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/25/07-80026-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #