

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 558375	
1. Entity Name EARTH CARE, INC.	
Principal Place of Business P O BOX 1035 1633 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address P O BOX 1035 1633 PERIWINKLE WAY SANIBEL, FL 33957



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1798105 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KNERAM, GEORGE D 15473 COPRA LN. FT.MYERS, FL 33908

**DO NOT WRITE
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 resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNERAM, GEORGE D. 15473 COPRA LN. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIESIENSKI, WALTER J. 13426 HEAKD LN #4 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIESIENSKI, WALTER J 13426 HEAKD KB #4 FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNERAM, GEORGE D 15473 COPRA LN. FT. MYERS, FL
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04/25/05-80180-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 239-472-3440

Date

Daytime Phone #