

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90001 006 ***150.00

DOCUMENT # 675928

1. Entity Name

LOVING CARE BOARDING HOME, INC.



Principal Place of Business

C/O SMILEY ROBINSON
1600 N.W. 61ST ST.
MIAMI FL 33138

Mailing Address

C/O SMILEY ROBINSON
1600 N.W. 61ST ST.
MIAMI FL 33138

04056645



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number, 59-2036230

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ROBINSON, SMILEY
1600 N.W. 61ST ST.
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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

TITLE PD
NAME ROBINSON, SMILEY
STREET ADDRESS 1600 NW 61ST ST.
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE D
NAME ROBINSON, CAROL S.
STREET ADDRESS 1600 NW 61ST ST.
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Smiley Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Smiley Robinson 4-27-04
Date Daytime Phone #