

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F40798

Entity Name
R CARE MECHANICAL, INC.



Principal Place of Business
**10 1/2 SOUTH COMBEE ROAD
LAKELAND, FL 33801**

Mailing Address
**2210 1/2 SOUTH COMBEE ROAD
LAKELAND, FL 33801**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2117118	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BASSETT, TIMOTHY F.
10 1/2 SOUTH COMBES ROAD
LAKELAND, FL 33801**

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IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	P
NAME	BASSETT, TIMOTHY F.
STREET ADDRESS	2210 1/2 SOUTH COMBES RD
CITY-ST-ZIP	LAKELAND, FL 33801
NAME	ST
NAME	BASSETT, GLADYS D.
STREET ADDRESS	2210 1/2 SO COMBES RD
CITY-ST-ZIP	LAKELAND, FL 33801
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06 80065 017 158.75

**DO NOT WRITE
IN THIS SPACE**

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 #

Gladys Bassett **GLADYS BASSETT** 1/19/06 823-645-0959