


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # F42052
 1. Entity Name
 SORRELLS GROVE CARE, INC.



Principal Place of Business: 1192 NE LIVINGSTON ST, ARCADIA, FL 34266
 Mailing Address: LIVINGSTON LOOP RD, P. O. BOX 551, ARCADIA, FL 34265-0551



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2115690 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SORIA, G CRAIG, ESQ
 2201 RINGLING BLVD
 STE 102
 SARASOTA, FL 34237

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6. 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 _____ (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
 01/23/06-80023-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORRELLS, BETSY
STREET ADDRESS	6923 NW STATE 661
CITY - ST - ZIP	ARCADIA, FL
TITLE	ST
NAME	SORIA, CRAIG
STREET ADDRESS	4375 BRANDYWINE DRIVE
CITY - ST - ZIP	SARASOTA, FL 342541
TITLE	P
NAME	SORRELLS, STEVEN
STREET ADDRESS	6923 NW STATE 661
CITY - ST - ZIP	ARCADIA, FL
TITLE	V
NAME	SORIA, LE DANE
STREET ADDRESS	4375 BRANDYWINE DR
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Steven Sorrells 01/12/2006 863 494-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #