


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F42052 1. Entity Name SORRELLS GROVE CARE, INC.	
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Principal Place of Business
**1192 NE LIVINGSTON ST
ARCADIA, FL 34266**

Mailing Address
**LIVINGSTON LOOP RD
P. O. BOX 551
ARCADIA, FL 34265-0551**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2115690	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SORIA, G CRAIG, ESQ
2201 RINGLING BLVD
STE 102
SARASOTA, FL 34237**

**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 reinstating) 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

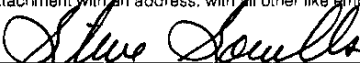
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01/17/07-80019-009 150.00

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	

**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

1/16/2007 *863-484-3066*
Date Daytime Phone #