


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000006816</b> 1. Entity Name CARE-N-TOUCH INC.	
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Principal Place of Business 1724 VALENCIA AVE. ORMOND BEACH, FL 32174	Mailing Address 1724 VALENCIA AVE. ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3394540	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

WARE, MARIA C  
1724 VALENCIA AVE.  
ORMOND BEACH, FL 32174

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000102909  
04/05/04-88034-017 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC WARE, MARIA C 1724 VALENCIA AVE. ORMOND BEACH, FL 32174
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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)(f), 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: MARIA C WARE MARIA C WARE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04

Date

Daytime Phone #

3/27/04: Hg:dr