


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G92829</b>		
1. Entity Name CARE EQUIPMENT & SUPPLIES, INC.		
Principal Place of Business 14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL 33770	Mailing Address 14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL 33770 US	



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2390515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PHILLIPS, JAMES J 14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL 34640
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, JAMES J 14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHILLIPS, CORINNE J 14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL
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04/29/04-80158-004 150.00

**DO NOT WRITE  
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)(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: JAMES J. PHILLIPS JAMES J. PHILLIPS 4/27/04 5856100