## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G92829

Entity Name: CARE EQUIPMENT & SUPPLIES, INC.

US

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL 33770

Current Mailing Address: New Mailing Address:

14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL 33770

FEI Number: 59-2390515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILLIPS, JAMES J

14 BEL FOREST DRIVE

14 BEL FOREST DRIVE

15 BELL FAIR BLUEFS FL. 24640 LIS

16 BELL FAIR BLUEFS FL. 24640 LIS

BELLEAIR BLUFFS, FL 34640 US BELLEAIR BLUFFS, FL 33770 US

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.

SIGNATURE: JAMES J PHILLIPS 01/04/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PHILLIPS, JAMES J Name: PHILLIPS, JAMES J Address: 14 BEL FOREST DRIVE Address: 14 BEL FOREST DRIVE

14 BEL FOREST DRIVEAddress:14 BEL FOREST DRIVEBELLEAIR BLUFFS, FLCity-St-Zip:BELLEAIR BLUFFS, FL33770

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name:PHILLIPS, CORINNE JName:PHILLIPS, CORINNE JAddress:14 BEL FOREST DRIVEAddress:14 BEL FOREST DRIVECity-St-Zip:BELLEAIR BLUFFS, FLCity-St-Zip:BELLEAIR BLUFFS, FL33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J PHILLIPS PRES 01/04/2007