

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # H76268

1. Entity Name
CARE RIDE, INC.



Principal Place of Business
**4923 71ST AVE.
PINELLAS PARK, FL 33781 US**

Mailing Address
**4923 71ST AVE.
PINELLAS PARK, FL 33781 US**



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2577603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, RONALD B.
4923 71ST AVE.
PINELLAS PARK, FL 33781**

**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 relocating)

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**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	JOHNSON, RONALD B.
STREET ADDRESS	4923 71ST AVE.
CITY-ST-ZIP	PINELLAS PARK, FL 33777
TITLE	D
NAME	JOHNSON, DOUGLAS M.
STREET ADDRESS	4923 71ST AVE.
CITY-ST-ZIP	PINELLAS PARK, FL 33777
TITLE	D
NAME	HOEL, WILLIAM R.
STREET ADDRESS	4923 71ST AVE.
CITY-ST-ZIP	PINELLAS PARK, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000519232
05/02/06-80048-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

William Hoel **William Hoel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 727-866-1193

Date

Daytime Phone #