## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H76268

Entity Name: CARE RIDE, INC.

FILED Jan 05, 2011 Secretary of State

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

4625 EAST BAY DRIVE SUITE 105/107

CLEARWATER, FL 33764 US

**Current Mailing Address: New Mailing Address:** 

4625 EAST BAY DRIVE SUITE 105/107 CLEARWATER, FL 33764

US

FEI Number: 59-2577603 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:

JOHNSON, RONALD B. 4625 EAST BAY DR 105/107

CLEARWATER, FL 33764 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

JOHNSON, RONALD B. Name:

4625 EAST BAY DR SUITE 105/107 Address:

City-St-Zip: CLEARWATER, FL 33764

Title:

JOHNSON, DOUGLAS M. Name:

4625 EAST BAY DR SUITE 105/107 Address:

CLEARWATER, FL 33764 City-St-Zip:

Title: D

GREEN, JAMES Name:

4625 EAST BAY DR SUITE 105/107 Address:

City-St-Zip: CLEARWATER, FL 33764

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS M JOHNSON ADMI 01/05/2011