

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90001 047 ***550.00

DOCUMENT # J52960

1. Entity Name

PRO-CARE PLUS, INC.



Principal Place of Business

RT. 1, BOX 574
MICANOPY FL 32667

Mailing Address

10870 NW 198 TH STREET
MICANOPY FL 32667
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number
59-2767249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDRAY, ALFRED
ROUTE 2, BOX 1950
WILLISTON FL 32696

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PENDRAY, ALFRED
STREET ADDRESS RT. 2, BOX 1950
CITY-ST-ZIP WILLISTON FL

TITLE D ☐ Delete
NAME PENDRAY, JOHN C.
STREET ADDRESS RT. 2, BOX 1950
CITY-ST-ZIP WILLISTON FL

TITLE D ☐ Delete
NAME PENDRAY, EDWARD E.
STREET ADDRESS RT. 2, BOX 1950
CITY-ST-ZIP WILLISTON FL

TITLE P ☐ Delete
NAME CASH, AUSTIN C.
STREET ADDRESS RT. 1, BOX 574
CITY-ST-ZIP MICANOPY FL

TITLE S ☐ Delete
NAME CASH, NANCY I.
STREET ADDRESS RT. 1, BOX 574
CITY-ST-ZIP MICANOPY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Nancy I. Cash* **NANCY I. CASH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-04

Date

352-591-3656

Daytime Phone #