2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # J52966

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

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

PENDRAY, ALFRED H.
ROUTE 2, BOX 1950
WILLISTON, FL 32696

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENDRAY, ALFRED
STREET ADDRESS	RT. 2, BOX 1950
CITY-ST-ZIP	WILLISTON, FL
TITLE	D
NAME	PENDRAY, JOHN C.
STREET ADDRESS	RT. 2, BOX 1950
CITY-ST-ZIP	WILLISTON, FL
TITLE	D
NAME	PENDRAY, EDWARD E.
STREET ADDRESS	RT. 2, BOX 1950
CITY-ST-ZIP	WILLISTON, FL
TITLE	P
NAME	CASH, AUSTIN C.
STREET ADDRESS	RT. 1, BOX 574
CITY-ST-ZIP	MICANOPY, FL
TITLE	S
NAME	CASH, NANCY I.
STREET ADDRESS	RT. 1, BOX 574
CITY-ST-ZIP	MICANOPY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80100-017 150.00

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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 4-26-05 352-591-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #