


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # J52960 1. Entity Name PRO-CARE PLUS, INC.	
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Principal Place of Business RT. 1, BOX 574 MICANOPY, FL 32667	Mailing Address 10870 NW 198 TH STREET MICANOPY, FL 32667 US
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2767249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, ALFRED RT. 2, BOX 1950 WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, JOHN C. RT. 2, BOX 1950 WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, EDWARD E. RT. 2, BOX 1950 WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASH, AUSTIN C. RT. 1, BOX 574 MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASH, NANCY I. RT. 1, BOX 574 MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/22/06-80008-019 150.00

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: Nancy I. Cash **NANCY I. CASH** 4-5-06 352-591-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #