


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90449 046 ***158.75

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 - No P.O. Box # 10870 NW 198 St		3. Mailing Address Suite, Apt. #, etc. Micanopy, FL			
City & State 32667		City & State MARION		4. FEI Number 59-2767249	
Zip 32667		Country MARION		5. Certificate of Status Desired <input checked="" 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13851 NE 20th St Williston, FL 32696 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, ALFRED RT. 2, BOX 1950 WILLISTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13851 NE 20th St Williston, FL 32696	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, JOHN C. RT. 2, BOX 1950 WILLISTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13851 NE 20th St Williston, FL 32696	<input type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDRAY, EDWARD E. RT. 2, BOX 1950 WILLISTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13851 NE 20th St Williston, FL 32696	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASH, AUSTIN C. RT. 1, BOX 574 MICANOPY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10870 NW 198 St Micanopy, FL 32667	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASH, NANCY I. RT. 1, BOX 574 MICANOPY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10870 NW 198 St. Micanopy, FL 32667	<input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Nancy I Cash</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-27-07 352-591-3656 <small>Date Daytime Phone #</small>		

ATTACHMENT
40091075
#J52960

Change Addresses
on All, as indicated
& Delete John Pendray
Agent & Directors
& office holders are
the same