

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # K12738



1. Entity Name

THE CARE BRIDGE CORPORATION

Principal Place of Business

6481 SPARTINA CIRCLE
JUPITER FL 33458

Mailing Address

6481 SPARTINA CIRCLE
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0027474**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPARKS, CHARLES T
6481 SPARTINA CIRCLE
JUPITER FL 33458

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SPARKS, CHARLES T
STREET ADDRESS 6481 SPARTINA CIRCLE
CITY-ST-ZIP JUPITER FL 33458

TITLE DSV ☐ Delete
NAME SPARKS, CAROLYN C
STREET ADDRESS 6481 SPARTINA CIRCLE
CITY-ST-ZIP JUPITER FL 33458

TITLE DT ☐ Delete
NAME SPARKS, DANIELLE
STREET ADDRESS 6481 SPARTINA CIRCLE
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☐ Delete
NAME MCLAURIN, MARINA
STREET ADDRESS 3461 ROBINSON STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Delete
NAME SPARKS, RYAN
STREET ADDRESS 6481 SPARTINA CR
CITY-ST-ZIP JUPITER FL 33458

TITLE D ☐ Delete
NAME MANGIAPANE, MARY ANN
STREET ADDRESS 71 TAONTON RD
CITY-ST-ZIP MEDFORD NJ 08055

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **U00000226548**
STREET ADDRESS **02/12/05-80021-011 158.75**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Charles T. Sparks* **CHARLES T. SPARKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 *561-748-4092*

Date

Daytime Phone #