

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L28818 1. Entity Name POLY CARE CORPORATION	
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Principal Place of Business 630 ANDERSON COURT SATELLITE BEACH, FL 32937	Mailing Address 630 ANDERSON COURT SATELLITE BEACH, FL 32937
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2976869	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, ROBERT G. 630 ANDERSON COURT SATELLITE BEACH, FL 32937
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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 _____
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, 2006 Fee will be \$550.00**

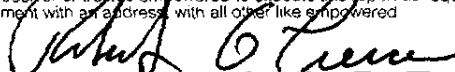
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIERCE, ROBERT G. 630 ANDERSON COURT SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PIERCE, COLLEEN 630 ANDERSON COURT SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/01/06-80012-003 150.00

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IN THIS SPACE**

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:  **1/20/06** **321-773-1103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone