

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90200 004 ***150.00

DOCUMENT # L99151

1. Entity Name
FAMILY LOVING CARE INC.



Principal Place of Business
**9912 MYRTLE STREET
TAMPA, FL 33617**

Mailing Address
**9912 MYRTLE STREET
TAMPA, FL 33617**

20062741



05272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3057104

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CEDRES, HILDA M.
9812 55TH STREET
TEMPLE TERRACE, FL 33617**

**DO NOT WRITE
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FERNANDEZ, MARTA C**
STREET ADDRESS **10615 25TH ST**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **S**
NAME **FERNANDEZ, JOAQUIN**
STREET ADDRESS **10615 25TH ST**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/05 **813 985-8515**