

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33687

FILED
Apr 20, 2007
Secretary of State

Entity Name: WATCH CARE, INC.

Current Principal Place of Business:

100 WEST 1ST ST
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

100 WEST 1ST ST
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2913247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLAVICH, JAMIE
9664 HOOD ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERETZMAN, STEVE
Address: 9539 WATERFORD RD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: MCHALE, PATRICIA
Address: 420 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PRES () Delete
Name: GLAVICH, JAMIE
Address: 9664 HODD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: GLAVICH, JAMIE
Address: 9664 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DIR () Change (X) Addition
Name: SMITH, GLORIA
Address: 100 WEST FIRST STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE GLAVICH

PRES

04/20/2007

Electronic Signature of Signing Officer or Director

Date