


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**


02-06-2004 90011 009 \*\*\*158.75

<b>DOCUMENT # P00000053645</b>	
1. Entity Name <b>TAKE CARE TRANSPORT, INC.</b>	

Principal Place of Business <b>1429 WESTBROOK DRIVE SARASOTA, FL 34231</b>	Mailing Address <b>2206 JO AN DRIVE SARASOTA, FL 34231</b>
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**44007893**

2. Principal Place of Business <b>3982 Bee Ridge Rd</b>	3. Mailing Address <b>3982 Bee Ridge Rd</b>
Suite, Apt. #, etc. <b>Blade H # A</b>	Suite, Apt. #, etc. <b>Blade H # A</b>
City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34233</b>	Country <b>US</b>

	
01232004	Chg-P
CR2E034 (10/03)	
4. FEI Number <b>65-1020265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WISE, CARL 1429 WESTBROOK DRIVE SARASOTA, FL 34231</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D</b> <b>WISE, CARL</b> <b>1429 WESTBROOK DRIVE</b> <b>SARASOTA, FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WISE, SUSANNE S</b> <b>1429 WESTBROOK DRIVE</b> <b>SARASOTA, FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Susanne S WISE</b>	02/02/04 (941) 923-3434
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>