

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000053645

1. Entity Name
TAKE CARE TRANSPORT, INC.



Principal Place of Business

3982 BEE RIDGE RD
BLDG H-A
SARASOTA, FL 34233

Mailing Address

3982 BEE RIDGE RD
BLDG H-A
SARASOTA, FL 34233



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020265

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WISE, CARL
1429 WESTBROOK DRIVE
SARASOTA, FL 34231

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WISE, CARL
STREET ADDRESS 1429 WESTBROOK DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE P
NAME WISE, SUSANNE S
STREET ADDRESS 1429 WESTBROOK DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE T
NAME WISE, SUSANNE S
STREET ADDRESS 1429 WESTBROOK DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE S
NAME WISE, CARL A
STREET ADDRESS 1429 WESTBROOK DRIVE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000715560
04/27/07-80070-007 150.00

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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:

Susanne S Wise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07
Date

(941) 927-2292
Daytime Phone #