

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90044 002 ***150.00

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**

40067799



01212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1020265

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISE, CARL
1429 WESTBROOK DRIVE
SARASOTA, FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2008 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
**D
WISE, CARL
1429 WESTBROOK DRIVE
SARASOTA, FL 34231** ☐ Delete

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

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

TITLE
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CITY-ST-ZIP
**S
WISE, CARL A
1429 WESTBROOK DRIVE
SARASOTA, FL 34231** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7508 COVE TERRACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7508 COVE TERRACE

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CITY-ST-ZIP
☐ Change ☐ Addition

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

1/21/08
Date

941-927-2292
Daytime Phone