

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000111513

1. Entity Name  
CANICE, INC.



Principal Place of Business  
4145 S TAMiami TRAIL  
VENICE, FL 34293

Mailing Address  
4145 S TAMiami TRAIL  
VENICE, FL 34293

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1062812

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARRELL, DONALD J  
1776 RINGLING BLVD  
SARASOTA, FL 34236

**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	P
NAME	ROOP, MARY
STREET ADDRESS	1133 OLGA COURT
CITY-ST-ZIP	VENICE, FL 34293
TITLE	ST
NAME	WINSHIP, NANCY
STREET ADDRESS	902 S DELAWARE AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	S
NAME	FASSELL, SUSAN
STREET ADDRESS	7 FLIGHT LOCKE LANE
CITY-ST-ZIP	MEDFIELD, MA 02052
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000691010  
04/12/07-80013-020 150.00

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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:**

*Mary Roop* MARY ROOP

1/20/07

941-504-1800