

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

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



03162008 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, 2008 Fee will be \$550.00**

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

U000000947529
06/02/08-80018-012 150.00

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	FASSED, 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	

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ROOP

3/30/08

Date

941-408-1800

Daytime Phone #