

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000042302

1. Entity Name  
CARING, INCORPORATED OF BAY COUNTY



**FILED  
Apr 24, 2006 8:00 am  
Secretary of State**

04-24-2006 90352 017 \*\*\*150.00

Principal Place of Business  
11921 CARUSO DRIVE  
PANAMA CITY, FL 32404

Mailing Address

11921 CARUSO DRIVE  
PANAMA CITY, FL 32404

2. Principal Place of Business

11921 Caruso Dr

3. Mailing Address

change  
PO BOX 3567

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY  
32404 BAY

City & State

PANAMA CITY  
32401 BAY

04182006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3716024

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

ROBINSON, WALTER  
11921 CARUSO DRIVE  
PANAMA CITY, FL 32404

Name

W/

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

04-18-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 ROBINSON, WALTER  
STREET ADDRESS 11921 CARUSO DRIVE  
CITY-ST-ZIP PANAMA CITY, FL 32404

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

Change  Addition

TITLE D  
NAME ROBINSON, MARY  
STREET ADDRESS 11921 CARUSO DRIVE  
CITY-ST-ZIP PANAMA CITY, FL 32404

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: Walter Robinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-06 850.774-0739

Date

Daytime Phone #