


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000042302 1. Entity Name CARING, INCORPORATED OF BAY COUNTY	
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Principal Place of Business 11921 CARUSO DRIVE PANAMA CITY, FL 32404	Mailing Address PO BOX 3567 PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3716024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, WALTER 11921 CARUSO DRIVE PANAMA CITY, FL 32404
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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 <u>Mary Robinson</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>Mary Robinson</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<u>4/1/08</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000914567 05/08/08-80060-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WALTER 11921 CARUSO DRIVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, MARY 11921 CARUSO DRIVE PANAMA CITY, FL 32404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Mary Robinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Mary Robinson</u> <small>Date</small>
	<u>4-1-08</u> <small>Daytime Phone #</small>
	<u>888.774-0739</u>