


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000095386 1. Entity Name CHRIST CARING FOR US, INC.	
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Principal Place of Business 1071 INDIAN MOUND TRL. VERO BEACH, FL 32963	Mailing Address 1071 INDIAN MOUND TRL. VERO BEACH, FL 32963
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02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3747254	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SEXTON, MARYGRACE M 1071 INDIAN MOUND TRL. VERO BEACH, FL 32963
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 SEXTON, ROBERT G 1071 INDIAN MOUND TRL. VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, MARYGRACE M 1071 INDIAN MOUND TRL. VERO BEACH, FL 32963
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100001227831
02/14/05-80014-022-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 772 4651122
Date Daytime Phone #