

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000103813**

1. Entity Name  
ALL CARE INVESTMENTS, INC.



Principal Place of Business  
504 S. U.S. HIGHWAY 27  
MINNEOLA, FL 34755

Mailing Address  
P.O. BOX 59  
MINNEOLA, FL 34755



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3756410

Applied For  
Not Applicable

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

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

ZAGROCKI, DWAIN E  
504 S. U.S. HIGHWAY 27  
MINNEOLA, FL 34755

**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 \_\_\_\_\_ (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 ZAGROCKI, DWAIN E  
STREET ADDRESS 504 S. U.S. HIGHWAY 27  
CITY-ST-ZIP MINNEOLA, FL 34755

TITLE VP  
NAME ZAGROCKI, LAURA  
STREET ADDRESS 504 S HWY 27  
CITY-ST-ZIP MINNEOLA, FL 34755

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000684374  
04/06/07-80030-014 150.00

**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:**

*Dwain E Zagrocki* **Dwain E Zagrocki** **3-21-07** **352-394-7444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #