


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000118262		
1. Entity Name HERE TO CARE, INC.		
Principal Place of Business WARRINGTON ENTERPRISES, INC. 5800 CLARK RD SARASOTA, FL 34233	Mailing Address WARRINGTON ENTERPRISES, INC. 5800 CLARK RD SARASOTA, FL 34233	
DO NOT WRITE IN THIS SPACE		



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1159153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WARRINGTON, JEFFREY M 5800 CLARK RD SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11111111098730 03/29/04-80052-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARRINGTON, JEFFREY M 5800 CLARK RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WARRINGTON, JASON H 5800 CLARK RD SARASOTA, DS 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARRINGTON, H MONROE 5800 CLARK RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:  Jeffrey M. Warrington - President 3-24-04 941-821-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #