2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000024199

1. Entity Name

CARE, ASSISTANCE & PERSONAL SERVICES, INC.



Principal Place of Business

303 NORTH TEXAS AVENUE

SUITE A

TAVARES, FL 32778

Mailing Address

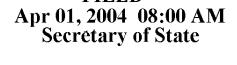
303 NORTH TEXAS AVENUE

SUITE A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

TAVARES, FL 32778



FILED



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 95-4897135 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MORLEY LAW OFFICE, P. A. 303 NORTH TEXAS AVENUE SUITE A TAVARES, FL FL

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 Squature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE				
Species, give a particular of agreement of agreement of the property of the pr				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campalgn Finance Trust Fund Contribution.			noting \$5.00 May Be Added to Fees	04/01/04-80015-014 150.00
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZXP	DP MORLEY, MICHELLE 303A NORTH TEXAS AVENUE TAVARES, FL 32778			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HITCHCOCK, DINA 1101 SAN BERNARDO ROAD LADY LAKE, FL 32159			
TITLE NAME STREET ADDRESS CRY-SI-ZIP	D FISHER, JAMES 327 LAURA LANE MT. DORA, FL 32757		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CXIV-ST-ZIP				
TETLE NAME STREET ADDRESS CITY-ST-ZIP				
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 gither like empowered.				
SIGNATURE: Alta XITCLUCK DINA HITCHCOCK, 30 HAROY 352-259-7999				