

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024199

FILED
Feb 12, 2008
Secretary of State

Entity Name: CARE, ASSISTANCE & PERSONAL SERVICES, INC.

Current Principal Place of Business:

16780 SE 84TH COLERAIN CIRCLE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

PO BOX 342
LADY LAKE, FL 32158

New Mailing Address:

FEI Number: 95-4897135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORLEY LAW OFFICE, P. A.
132 BUSHNELL PLAZA
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

HITCHCOCK, DINA A DV
16780 SE 84TH COLERAIN CIRCLE
THE VILLAGES, FL 32162 US

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.

SIGNATURE: DINA A. HITCHCOCK

02/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORLEY, MICHELLE
Address: 132 BUSHNELL PLAZA
City-St-Zip: BUSHNELL, FL 33513

Title: DV () Delete
Name: HITCHCOCK, DINA
Address: 16780 SE 84TH COLERAIN CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

Title: D (X) Delete
Name: FISHER, JAMES
Address: 327 LAURA LANE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MORLEY, MICHELLE
Address: PO BOX 342
City-St-Zip: LADY LAKE, FL 32158

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DINA A. HITCHCOCK

DV

02/12/2008

Electronic Signature of Signing Officer or Director

Date