

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024199

FILED  
Mar 23, 2009  
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:**

2546 MOSBY TERRACE  
THE VILLAGES, FL 32162

**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:**

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

**Name and Address of New Registered Agent:**

HITCHCOCK, DINA A DV  
2546 MOSBY TERRACE  
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: \_\_\_\_\_ 03/23/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: HITCHCOCK, DINA  
Address: 2546 MOSBY TERRACE  
City-St-Zip: THE VILLAGES, FL 32162

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 HITCHCOCK      DV      03/23/2009  
Electronic Signature of Signing Officer or Director      Date