2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State
05-20-2005 90031 022 ***150.00

DOCUMENT # P02000069953

1. Entity Name
SECURE CARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2064 SUNSET POINT ROAD, SUITE 75 CLEARWATER, FL 33765	2064 SUNSET POINT ROAD, SUITE 75 CLEARWATER, FL 33765

05172005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2836 Long View Drive		2836 Long View Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater, Fl.		City & State: Clearwater, Fl.	
Zip: 33761	Country: Pinellas	Zip: 33761	Country: Pinellas

4. FEI Number 54-2069864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANDIANO, GRACE M
2064 SUNSET POINT ROAD, SUITE 75
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name Grace M. Candiano
Street Address (P.O. Box Number is Not Acceptable) 2836 Long View Drive
City Clearwater FL Zip Code 33761

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 Grace M. Candiano Pres. 5-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CANDIANO, GRACE M 2064 SUNSET POINT RD., SUITE 75 CLEARWATER, FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Grace M. Candiano 2836 Long View Drive Clearwater, Fl. 33761	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Grace M. Candiano Pres. 5-16-05 (727) 726-2773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #