


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000107572	
1. Entity Name PEDS & CARROT THERAPY SERVICES, INC.	

Principal Place of Business	Mailing Address
SKYDANCES FARM 8340 65 ST VERO BEACH, FL 32967	SKYDANCES FARM 8340 65 ST VERO BEACH, FL 32967

DO NOT WRITE IN THIS SPACE



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1426670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FOX, TERESA J 8340 65 ST VERO BEACH, FL 32967

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS FOX, TERESA J 8340 65 ST VERO BEACH, FL 32957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MITCHELL, LINDA C 8340 65 ST VERO BEACH, FL 32967
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04/29/05-80100-013 150.00

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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: <u>Linda C. Mitchell</u> <u>Linda C. Mitchell</u>	4-25-05	(772) 538-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #