

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000107572

1. Entity Name

PEDS & CARROT THERAPY SERVICES, INC.



Principal Place of Business

SKYDANCES FARM 8340 65 ST
VERO BEACH, FL 32967

Mailing Address

SKYDANCES FARM 8340 65 ST
VERO BEACH, FL 32967



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1426670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, TERESA J
8340 65 ST
VERO BEACH, FL 32967

**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

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME FOX, TERESA J
STREET ADDRESS 8340 65 ST
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE VT
NAME MITCHELL, LINDA C
STREET ADDRESS 8340 65 ST
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/16/08-80015-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Linda C. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08
Date

(772) 538-2351
Daytime Phone #