


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90026 001 ***150.00

DOCUMENT # P02000117917					
1. Entity Name ANICARE, INC.					
Principal Place of Business 676 FLORIDA CENTRAL PKWY. PO BOX 520132 LONGWOOD, FL 32752			Mailing Address PAUL CAPLE 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		3720 QUAIL FOREST City & State TARPON SPRINGS FL			
Zip	Country	Zip	Country	01282004 Chg-P CR2E034 (10/03)	
34688	USA	4. FEI Number 05-0545839		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			7. Name and Address of New Registered Agent		
CAPLE, PAUL 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34688		
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: <u>Paul Caple Paul Caple Pres. 1/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAPLE, PAUL 3720 QUAIL FOREST DRIVE TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPLE, SUSAN 3720 QUAIL FOREST DR TARPON SPRINGS FL 34688	
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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>Paul Caple Paul Caple Pres 1/31/04 727-937-3701</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					