

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

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

City & State

Zip

Country

Zip

Country

01162006 Chg-P CR2E034 (11/05)

4. FEI Number
05-0545839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 34688**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CAPLE, SUSAN
3720 QUAIL FOREST DR.
TARPON SPRINGS, FL 34688** ☐ Delete

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05/19/06-80026-021 150.00** ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Caple **Paul T Caple** 4/28/06 727-515-9867