

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 20, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P02000135456**

**1. Entity Name  
CONCH CARE INC.**



**Principal Place of Business  
P.O. BOX 430309  
BIG PINE KEY, FL 33043**

**Mailing Address  
P.O. BOX 430309  
BIG PINE KEY, FL 33043**



02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-1166563

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STUMP, GALE  
30225 OLEANDER BLVD.  
BIG PINE KEY, FL 33043**

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

U000000059896  
02/23/04-20022-011 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>STUMP, GALE</b>
<b>STREET ADDRESS</b>	<b>30225 OLEANDER BLVD.</b>
<b>CITY-ST-ZIP</b>	<b>BIG PINE KEY, FL 33043</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SERGI, HOLLY</b>
<b>STREET ADDRESS</b>	<b>857 BIG PINE AVE</b>
<b>CITY-ST-ZIP</b>	<b>BIG PINE KEY, FL 33043</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>MOORE, KIM</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 420157</b>
<b>CITY-ST-ZIP</b>	<b>SUMMERLAND KEY, FL 33042</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>LECONY, WADE</b>
<b>STREET ADDRESS</b>	<b>641 WEST INDIES DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>SUMMERLAND KEY, FL 33042</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Gale Stump*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

305-872-3096

Daytime Phone #