

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 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



03012007 No Chg-P CR2E034 (11/05)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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03/23/07-80043-003 150.00

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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: Gale C Stump
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07
Date

305-395-1145
Daytime Phone #