2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 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

02052008 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

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

U00000630311
02/26/08-80078-025 150.00

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	LECONEY, 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	

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 i 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 office 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Gale C Stump 2-15-08 305-395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Ph