

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135456

Entity Name: CONCH CARE INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 430309
BIG PINE KEY, FL 33043

New Principal Place of Business:

14 PALMETTO AVENUE
BIG PINE KEY, FL 33043

Current Mailing Address:

P.O. BOX 430309
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 65-1166563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STUMP, GALE
Address: 30225 OLEANDER BLVD.
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: SERGI, HOLLY
Address: 857 BIG PINE AVE
City-St-Zip: BIG PINE KEY, FL 33043

Title: D () Delete
Name: MOORE, KIM
Address: P.O. BOX 420157
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: LECONEY, WADE
Address: 641 WEST INDIES DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE STUMP

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date