

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135456

FILED
Apr 02, 2010
Secretary of State

Entity Name: CONCH CARE INC.

Current Principal Place of Business:

14 PALMETTO AVENUE
BIG PINE KEY, FL 33043

New Principal Place of Business:

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
Name: STUMP, GALE
Address: 30225 OLEANDER BLVD.
City-St-Zip: BIG PINE KEY, FL 33043

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GALE STUMP

P

04/02/2010

Electronic Signature of Signing Officer or Director

Date