2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State
07-19-2005 90039 046 ***150.00

DOCUMENT # P03000015782

1. Entity Name
ENCOMPASS CARE, INC.

Principal Place of Business	Mailing Address
670 POINSETTIA RD. BELLEAIR, FL 33756	670 POINSETTIA RD. BELLEAIR, FL 33756

DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0607588
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOOPE, THOMAS E
670 POINSETTIA RD.
BELLEAIR, FL 33756

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOOPE, THOMAS E
STREET ADDRESS	670 POINSETTIA RD.
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	D
NAME	LOOPE, PETER J
STREET ADDRESS	670 POINSETTIA RD.
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	D
NAME	LOOPE, WANDA B
STREET ADDRESS	670 POINSETTIA RD.
CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Dale B Loope 8/21/05 U. P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

	INITIALS	DATE
PREPARED BY		
APPROVED BY		

Q66026487
P03000015782

To: Division of Corp.

I recd this notice about 1 wk ago. I never recd anything before this. I always pay my bills on time please accept this payment.

Amt enclosed $150.00