


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90052 035 \*\*\*150.00

<b>DOCUMENT # P03000016948</b> 1. Entity Name <b>C R LOVING CARE INC.</b>					
Principal Place of Business <b>19 PEPPERDINE DR PALM COAST FL 32164</b>			Mailing Address <b>19 PEPPERDINE DR PALM COAST FL 32164</b>		
2. Principal Place of Business <b>23 PEPPERDINE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>23 PEPPERDINE DR</b> Suite, Apt. #, etc.			
City & State <b>PALM COAST FL</b> Zip <b>32164</b>		City & State <b>PALM COAST FL</b> Zip <b>32164</b>		4. FEI Number <b>20-1237640</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REID, CATHLINE 19 PEPPERDINE DR PALM COAST FL 32164</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>REID, CATHLINE</b>		TITLE 	NAME 	
STREET ADDRESS <b>19 PEPPERDINE DR</b>	CITY-ST-ZIP <b>PALM COAST FL 32164</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME <b>CR LOVING CARE</b>		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP <b>23 PEPPERDINE DR</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME <b>PALM COAST FL 32164</b>		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP <b>same as above</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 IKA empowered.					
<b>SIGNATURE: Cathline Reid Cathline Reid</b> <b>2/1-05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					