

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000017791

1. Entity Name
CAREGIVERS OF SW FLORIDA, INC.



Principal Place of Business
3421 BONITA BEACH ROAD
SUITE 405
BONITA SPRINGS, FL 34134 US

Mailing Address
3421 BONITA BEACH ROAD
SUITE 405
BONITA SPRINGS, FL 34134



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0909541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, PEGGY L
20912 CHARING CROSS CIRCLE
ESTERO, FL 33928

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000291174
04/07/05-80015-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	MS
NAME	BAKER, PEGGY L PRES
STREET ADDRESS	20612 CHARING CROSS CIRCLE
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	MS
NAME	FOLAND, SANDRA K V PRES
STREET ADDRESS	19543 VINTAGE TRACE CIRCLE
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05 239-949-1070

Date

Daytime Phone #