

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90003 027 ***150.00

DOCUMENT # P03000055271

1. Entity Name

NEW DAWN AFTER CARE, INC.



Principal Place of Business

3507 FAIRWAY DRIVE
SARASOTA FL 34239

Mailing Address

3507 FAIRWAY DRIVE
SARASOTA FL 34239

2. Principal Place of Business

3507 Fairview Dr

3. Mailing Address

3507 Fairview Dr

Suite, Apt. #, etc.

SARASOTA FL

Suite, Apt. #, etc.

SARASOTA FL

City & State

City & State

SARASOTA FL

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL JAY RATERINK, J.D., ESQ., P.A.
1459 TALLEVAST ROAD
SARASOTA FL 34243

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Theresa Taylor 3507 FAIRVIEW DR SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Theresa Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/04

Date

941-877-8072

Daytime Phone #

2004 SEP 20 A 10:44
PEOPLE FIRST
SERVICE CENTER

Attachment

14027467
#P03 000055271

Because of Hurricane.
sorry I'm late; I
have not been able to
do anything with this
Business but I will keep
open for another year.

Theresa Taylor

Thank you

2004 SEP 20 A 10:44

PEOPLE FIRST
SERVICE CENTER