


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 25, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P03000083593	
1. Entity Name MAGGIE'S FAMILY CARES, INC	

Principal Place of Business 226 LOCKHART ST DAYTONA BEACH, FL 32114 US	Mailing Address 226 LOCKHART ST DAYTONA BEACH, FL 32114 US
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03212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0121990	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PURCELL, LEILA  
190 ERIC DR  
PALM COAST, FL 32164

**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 \$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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PURCELL, LEILA 190 ERIC DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILLIAMSON, DELPHINE P 190 ERIC DR PALM COAST, FL 32164
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03/25/05-80008-015 150.00

**DO NOT WRITE  
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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: Leila Purcell 3-21-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #