

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115913

Entity Name: ALL IN ONE COMP CARE, INC.

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

394 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429

## New Principal Place of Business:

8477 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446

## Current Mailing Address:

394 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429

## New Mailing Address:

P. O. BOX 547  
CRYSTAL RIVER, FL 34423

FEI Number: 20-0310616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALDROP, MARK S  
394 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALDROP, MARK S  
Address: 10070 W. HALLS FERRY RD.  
City-St-Zip: HOMOSASSA, FL 34448

Title: D ( ) Delete  
Name: WALDROP, DRERMA M  
Address: 10070 W. HALLS FERRY RD.  
City-St-Zip: HOMOSASSA, FL 34448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK S. WALDROP

D

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date