

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90009 014 \*\*\*158.75

<b>DOCUMENT # P03000126266</b> 1. Entity Name <b>WE CARE OF GAINESVILLE, INC.</b>			
Principal Place of Business <b>6926 SW 17TH PLACE GAINESVILLE, FL 32609</b>		Mailing Address <b>6926 SW 17TH PLACE GAINESVILLE, FL 32609</b>	
2. Principal Place of Business <b>4304 SW 70th Terr</b> Suite, Apt. #, etc. <b>#C</b>		3. Mailing Address <b>4304 SW 70th Terr</b> Suite, Apt. #, etc. <b>#C</b>	
City & State <b>Gainesville, FL</b> Zip <b>32608</b>		City & State <b>Gainesville, FL</b> Zip <b>32608</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>57-1192092</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARKER, ANTHONY 6926 SW 17TH PLACE GAINESVILLE, FL 32609</b>		7. Name and Address of New Registered Agent Name <b>Anthony Parker</b> Street Address (P.O. Box Number is Not Acceptable) <b>4304-C SW 70th Terr</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32608</b>	
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: <u><i>Anthony Parker</i></u> <b>Anthony Parker, Director</b> <b>8/28/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, ANTHONY 6926 SW 17TH PLACE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROTMAN, PATRICE 6926 SW 17TH PLACE GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICE PARKER 4304-C SW 70 Terr Gainesville, FL 32608	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICE PARKER 4304-C SW 70 Terr Gainesville, FL 32608	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICE PARKER 4304-C SW 70 Terr Gainesville, FL 32608	<input type="checkbox"/> Delete	<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: <u><i>Patrice Parker</i></u> <b>Patrice Parker</b> <b>8/28/04</b> <b>(352) 2562473</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			