

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000137575

1. Entity Name

A CARE NECESSITIES CENTER, INC.



FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business
4235 57TH AVE N
ST PETERSBURG FL 33714

Mailing Address
4235 57TH AVE N
ST PETERSBURG FL 33714



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
57-1196400

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, HELEN GAIL
4235 57TH AVE N
ST PETERSBURG FL 33714

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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
D
REED, HELEN GAIL
4235 57TH AVE N
ST PETERSBURG FL 33714 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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D
DUNN, THOMAS P
243 LOS PRADOS DR
SAFETY HARBOR FL 34695 ☐ Delete

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04/27/05-80013-010 150.00

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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: Helen Gail Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05

727-528070

Date

Daytime Phone #