


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90013 013 \*\*\*150.00

<b>DOCUMENT # P04000160205</b> 1. Entity Name <b>J. CARES, INC.</b>					
Principal Place of Business <b>2516 TERRY LANE</b> <b>SARASOTA, FL 34281 US</b>			Mailing Address <b>2516 TERRY LANE</b> <b>SARASOTA, FL 34281 US</b>		
2. Principal Place of Business <b>2026 Kai Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>2026 Kai Drive</b> Suite, Apt. #, etc.			
City & State <b>Sarasota FL</b> Zip <b>34231</b> Country <b>Sarasota</b>		City & State <b>Sarasota FL</b> Zip <b>34231</b> Country <b>Sarasota</b>		4. FEI Number <b>20-1954659</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PALMER, BRIAN</b> <b>2937 BEE RIDGE ROAD</b> <b>SUITE 2</b> <b>SARASOTA, FL 34239</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTIN, JESSICA</b> <b>2516 TERRY LANE</b> <b>SARASOTA, FL 34239</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jessica Walsh</b> <b>2026 Kai Drive</b> <b>Sarasota FL 34231</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Jessica Walsh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2-24-06</b> <b>941-928-1364</b> Date Daytime Phone #		

**50000388**



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