

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000164339

1. Entity Name
CONDO CARE UNLIMITED, INC.



Principal Place of Business
1919 HWY A1A UNIT 302
INDIAN HARBOUR BEACH, FL 32937

Mailing Address
1919 HWY A1A UNIT 302
INDIAN HARBOUR BEACH, FL 32937



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1238467	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, PATRICIA A
1919 HWY A1A UNIT 302
INDIAN HARBOUR BEACH, FL 32937

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000569451
07/11/06-80027-009 558.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHITE, PATRICIA A
STREET ADDRESS 1919 HWY A1A UNIT 302
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE D
NAME PHILLIPS, WILLIAM R JR
STREET ADDRESS 1609 PARILLA CIRCLE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

William R. Phillips, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM R. PHILLIPS, JR.

7/7/06

Date

727-207-4116

Daytime Phone #