

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90281 001 ****75.00

04-21-2008 90281 002 ****75.00

| | |
|---|---|
| DOCUMENT # P05000066968 |  |
| 1. Entity Name CARING HEARTS ENTERPRISES PARTNERSHIP INC. | |

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|--|--|
| Principal Place of Business 2435 U.S. HIGHWAY 19, SUITE #160 HOLIDAY, FL 34691 | Mailing Address 2435 U.S. HIGHWAY 19, SUITE #160 HOLIDAY, FL 34691 |
|--|--|

bb00/437

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|--|--|
| 2. Principal Place of Business - No P.O. Box # 6119 Grand Blvd | 3. Mailing Address 6119 Grand Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State New Port Richey FL | City & State New Port Richey FL |
| Zip 34652 | Country Pasco |

04112008 Chg-P CR2E034 (12/06)



| | | |
|---|--|--|
| 4. FEI Number 61-1487699 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent PAYNE, TARA 5601 BAY BLVD. #307 PORT RICHEY, FL 34668 | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6119 Grand Blvd City New Port Richey FL Zip Code 34652 | | |

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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 | PS PAYNE, TARA 5601 BAY BLVD. #307 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6119 Grand Blvd New Port Richey FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MEYER, LAURIE A 5615 BAY BLVD APT #4 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6119 Grand Blvd New Port Richey FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

727-945-7540

Daytime Phone #