

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # P05000084490

1. Entity Name
CARE DIRECT INCORPORATED



Principal Place of Business
**11421 HIBBS GROVE DRIVE
COOPER CITY, FL 33330**

Mailing Address
**11421 HIBBS GROVE DRIVE
COOPER CITY, FL 33330**



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1931829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUSCOTT, ROY
11421 HIBBS GROVE DR
COOPER CITY, FL 33330**

**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

[Signature]

Roy Guscott

4/28/07

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GUSCOTT, UNA
11421 HIBBS GROVE DR
COOPER CITY, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUSCOTT, PEJUMAE
11421 HIBBS GROVE DR
COOPER CITY, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUSCOTT, ROY
11421 HIBBS GROVE DR
COOPER CITY, FL 33330**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000764536
05/30/07-80066-014 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

4/19/07
934 8437773

Date

Daytime Phone #