


**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90035 003 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000086126</b>					
1. Entity Name <b>JAMES PRINE CARETAKING INC</b>					
Principal Place of Business <b>3123 JACK JONES RD WAUCHULA, FL 33873</b>			Mailing Address <b>3123 JACK JONES RD WAUCHULA, FL 33873</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PRINE, JAMES 3123 JACK JONES RD WAUCHULA, FL 33873</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	<b>PALMER, LAINA</b>				
STREET ADDRESS	<b>3123 JACK JONES RD</b>				
CITY- ST- ZIP	<b>WAUCHULA, FL 33873</b>				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	<b>CLARK, HOLLY</b>				
STREET ADDRESS	<b>3123 JACK JONES RD</b>				
CITY- ST- ZIP	<b>WAUCHULA, FL 33873</b>				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	<b>James Prine</b>				
STREET ADDRESS	<b>3123 JACK JONES RD</b>				
CITY- ST- ZIP	<b>WAUCHULA, FL 33873</b>				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: <u>Laina R. Palmer</u> <u>1-29-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					