

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000086126

1. Entity Name
JAMES PRINE CARETAKING INC



FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 3:16

Principal Place of Business
**3123 JACK JONES RD
WAUCHULA, FL 33873**

Mailing Address
**3123 JACK JONES RD
WAUCHULA, FL 33873**

2. Principal Place of Business - No P.O. Box #
1211 Altman Rd

3. Mailing Address
1211 Altman Rd

Suite, Apt. #, etc.

City & State
Wauchula, FL

City & State
Wauchula, FL

Zip
33873

Country
Hardee

Zip
33873

Country
Hardee



08272007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5108420

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PRINE, JAMES
3123 JACK JONES RD
WAUCHULA, FL 33873**

7. Name and Address of New Registered Agent
Name
Laina Palmer
Street Address (P.O. Box Number is Not Acceptable)
1211 Altman Rd
City
Wauchula FL Zip Code
33873

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 _____

Amended AR is \$61.25

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 | P PALMER, LAINA 3123 JACK JONES RD WAUCHULA, FL 33873 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PALMER, Laina 1211 Altman Rd Wauchula, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CLARK, HOLLY 3123 JACK JONES RD WAUCHULA, FL 33873 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Clark, Holly 479 Sumner Rd Wauchula, FL 33873 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PRINE, JAMES 3123 JACK JONES RD WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900109712333 09/20/07--01048--003 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **Laina Palmer** **Laina Palmer** **08-29-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #