


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000086126	
1. Entity Name JAMES PRINE CARETAKING INC	

Principal Place of Business 1211 ALTMAN RD WAUCHULA, FL 33873	Mailing Address 1211 ALTMAN RD WAUCHULA, FL 33873
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**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5108420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PALMER, LAINA 1211 ALTMAN RD WAUCHULA, FL 33873
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**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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, LAINA 1211 ALTMAN RD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, HOLLY 479 SUMNER RD WAUCHULA, FL 33873
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02/14/08-80084-017 150.00

**DO NOT WRITE  
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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 K. Palmer Laina K. Palmer</u>	Date: <u>1/31/08</u>	Daytime Phone #: <u>863-767-0138</u>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		