2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000128749

1. Entity Name
TOTAL CARE PROGRAMMING INC

Principal Place of Business	Mailing Address
24 CEDARFIELD CT	P.O. BOX 354829
PALM COAST, FL 32137	PALM COAST, FL 32135

DO NOT WRITE IN THIS SPACE

02192008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
54-1766691		Not Applicable

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

6. Name and Address of Current Registered Agent

BOOTH, KATHRYN A
24 CEDARFIELD CT
PALM COAST, FL 32137

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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

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	UD00000934489 02/29/08-80054-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOOTH, JAMES D
STREET ADDRESS	24 CEDARFIELD CT
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	S, T
NAME	BOOTH, KATHRYN A
STREET ADDRESS	24 CEDARFIELD CT
CITY-ST-ZIP	PALM COAST, FL 32137

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CITY-ST-ZIP	

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: _Kathryn A Booth_   2/19/08   386 447 3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #