

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

03-09-2005 90034 030 ***150.00

DOCUMENT # P40669

1. Entity Name
UTOPIA HOME CARE, INC.



Principal Place of Business
**215 SECOND AVE N.
SAINT PETERSBURG, FL 33701 US**

Mailing Address
**60 EAST MAIN STREET
KING PARK, NY 11754**

bb014000



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2635043	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L.
2605 ENTERPRISE ROAD EAST., #110
CLEARWATER, FL 34619**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP MARTINEZ, MANUEL F. 60 EAST MAIN STREET KINGS PARK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTINEZ, MANUEL G. 60 EAST MAIN STREET KINGS PARK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTINEZ, ANGELINA 60 EAST MAIN STREET KINGS PARK, NY
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prior ~~like~~ empowered.

SIGNATURE [Signature] - President CEO 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #