

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000008830

1. Entity Name  
CARE ELECTRIC, INC.



Principal Place of Business  
5633 SARAH AVE.  
SARASOTA, FL 34233

Mailing Address  
5633 SARAH AVE.  
SARASOTA, FL 34233

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0395423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CARE, DARRIN J  
6243 OLD RANCH RD  
SARASOTA, FL 34241

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD-
NAME	CARE, DARRIN J
STREET ADDRESS	6243 OLD RANCH RD
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	T
NAME	CARE, TAMI
STREET ADDRESS	6243 OLD RANCH RD
CITY-ST-ZIP	SARASOTA, FL 34241

TITLE	S
NAME	CARE, CATHERINE
STREET ADDRESS	5633 SARAH AVE.
CITY-ST-ZIP	SARASOTA, FL 34233

TITLE	VP
NAME	CARE, MANLON J
STREET ADDRESS	5633 SARAH AVE.
CITY-ST-ZIP	SARASOTA, FL 34233

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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 I am empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.09.2008

Date

941 925-3367

Daytime Phone #