

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000015467**

1. Entity Name

CENTRAL FLORIDA CARETAKING, INC.



Principal Place of Business

206 N. 6TH AVENUE  
WAUCHULA, FL 33873 US

Mailing Address

PO BOX 1784  
WAUCHULA, FL 33873



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0408529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, JEFF J  
106 S. 5TH AVE.  
SUITE B  
WAUCHULA, FL 33873

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBRITTON, BEN JR.
STREET ADDRESS	206 N 6TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	STD
NAME	ALBRITTON, JOSEPH R
STREET ADDRESS	206 N 6TH AVE
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VP
NAME	ALBRITTON, BENNY W SR
STREET ADDRESS	PO BOX 1784
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000498077  
04/22/06-80080-015 150.00

**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 807, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #