

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000088584

1. Entity Name
EARTHLY TREASURES LAWCARE, INC.



FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90572 012 ***150.00

Principal Place of Business
P.O. BOX 881443
PORT ST LUCIE, FL 34988 US

Mailing Address
P.O. BOX 881443
PORT ST LUCIE, FL 34988 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0459006

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

CARMODY, CINDY.D
1362 HARVARD CIR #7
MELBOURNE, FL 32905

7. Name and Address of New Registered Agent

Name Chris Carmody
Street Address (P.O. Box Number is Not Acceptable)
112 SW PEACOCK BLVD
City Port St. Lucie **FL** Zip Code 34984

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 Chris Carmody

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-2005

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 P ☐ Delete
NAME CARMODY, CHRIS J
STREET ADDRESS 1362 HARVARD CIR #7
CITY-ST-ZIP MELBOURNE, FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME CARMODY, Chris
STREET ADDRESS P.O. BOX 881443
CITY-ST-ZIP Port St. Lucie, FL 34988

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: Chris Carmody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

Daytime Phone #