

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000000730

**1. Entity Name
CARLINA CARE, INC.**



**Principal Place of Business
5006 TROUBLE CREEK RD
126
NEW PORT RICHEY, FL 34652 US**

**Mailing Address
5006 TROUBLE CREEK RD
126
NEW PORT RICHEY, FL 34652 US**



08272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3357358**
**Applied For
Not Applicable**
**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIGHT, SUSAN
4934 DAPHNE STREET
NEW PORT RICHEY, FL 34652**

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

**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
P
LOVELL, SUSAN
5006 TROUBLE CREEK RD., #126
NEW PORT RICHEY, FL 34652**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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)(f), 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:

Susan Lovell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/05

Date

**727
844-0606**

Daytime Phone #