

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033282

Entity Name: CARE SPAN, INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

110 LONGWOOD AVE  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 565002  
MS 75  
ROCKLEDGE, FL 329565002 US

## New Mailing Address:

FEI Number: 59-3401464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, EMIL  
110 LONGWOOD AVE  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MILLER, EMIL  
Address: 110 LONGWOOD AVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: FAYER, GEORGE  
Address: 110 LONGWOOD AVE  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL MILLER

PD

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date