


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000041128

1. Entity Name
HORTI-CARE, INC.



Principal Place of Business
**59555 S. FLORIDA AVE
33813, FL 33860**

Mailing Address
**3460 SANDPIPER LANE
MULBERRY, FL 33860**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3371921

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STELITANO, RICHARD A
3460 SANDPIPER LANE
MULBERRY, FL 33860**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000822243
04/22/08-20072-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STELITANO, RICHARD A
STREET ADDRESS	3460 SANDPIPER LANE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	ST
NAME	STELITANO, SUSAN
STREET ADDRESS	3460 SANDPIPER LANE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-8-08** Daytime Phone # **863 644-7331**