

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000097394

Entity Name: CARINGQUEST, INC.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

833 SE 22ND ST  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

833 SE 22ND ST  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 59-3414525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COUCH, MICHAEL A DR  
833 SE 22ND ST  
OCALA, FL 34471 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: COUCH, JANET K  
Address: 833 SE 22ND STREET  
City-St-Zip: OCALA, FL 34471 US

Title: VP  
Name: COUCH, MICHAEL A  
Address: 833 SE 22ND STREET  
City-St-Zip: OCALA, FL 34471 US

I hereby 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 all other like empowered.

SIGNATURE: JANET K COUCH

PST

04/07/2011

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

\_\_\_\_\_  
Date