



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90195 001 \*\*\*158.75

<b>DOCUMENT # P97000026805</b> 1. Entity Name <b>CARING HEARTS OF LAKE MARY, INC.</b>					
Principal Place of Business <b>2711 REW CIRCLE SUITE D OCOE, FL 34761-1857</b>			Mailing Address <b>111 BEACHCOMBER DRIVE SAINT LOUIS, MO 63146</b>		
2. Principal Place of Business <b>6941 Bay Drive</b> Suite, Apt. #, etc. <b>SUITE 3C</b> City & State <b>MIAMI BEACH, FL</b> Zip <b>33141</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>USA</b>			
4. FEI Number <b>59-3435255</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				02012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>TALBERT, TONY 2711 REW CIRCLE SUITE D OCOE, FL 34761-1857</b>			7. Name and Address of New Registered Agent Name <b>SHAWN HOLLAHAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6941 Bay Drive</b> <b>Suite 3C</b> City <b>MIAMI BEACH</b> <b>FL</b> Zip Code <b>33141</b>		
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 <u><i>Shawn Hollahan</i></u> <b>Treasurer</b> <u>2/15/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>ACCORDI, VINCENT A</b> <b>111 BEACHCOMBER DRIVE</b> <b>SAINT LOUIS, MO 63146</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Vincent A Accordi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-17-2005</u> <u>429-0673</u> <small>Date Daytime Phone #</small>		