

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022568

1. Corporation Name

ANNA'S LOVING CARE, INC.

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90143 005 ***150.00

Principal Place of Business

101 LAWRENCE BLVD., STE. 101
NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

Mailing Address

101 LAWRENCE BLVD., STE. 101
NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

110 SW MAGNOLIA AVE

KUR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

593497156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

No

2. Principal Place of Business

21 110 S.W. Magnolia Ave.

Suite, Apt. #, etc.

22

City & State

23 Keystone Heights, FL

Zip

Country

24 32656

25

US

2a. Mailing Address

26 110 SW MAGNOLIA AVE

Suite, Apt. #, etc.

27

City & State

28 Keystone Heights, FL

Zip

Country

29 32656

30

US

9. Name and Address of Current Registered Agent

NEWELL, PAUL D
101 LAWRENCE BLVD., STE. 101
NEWELL BLDG.
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
260 Lawrence Blvd., Suite 201

83

84 City

Keystone Heights

FL

85

Zip Code

32656

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, if both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D / PRESS
NAME GALAN, ANNA I
STREET ADDRESS 6967 CRYSTAL LAKE ROAD
CITY-ST-ZIP STARKE FL 32091

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D / PRESS
1.2 NAME TONY GALAN
1.3 STREET ADDRESS 6967 CRYSTAL LAKE RD
1.4 CITY-ST-ZIP STARKE, FL 32091

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

02-27-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)