

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90024 022 ***150.00

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01152006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000014597 1. Entry Name GULF CITRUS CARETAKING, INC.					
Principal Place of Business 1205 ELIZABETH STREET PUNTA GORDA, FL 33951			Mailing Address P.O. BOX 512116 PUNTA GORDA, FL 33951-2116		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0896555 Applied For ☐ No: Applicable	
City & State		City & State			
Zip		Zip			
Country		Country		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entry 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 changing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST WINSLOW, GEORGE A 1205 ELIZABETH STREET PUNTA GORDA, FL 33950		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Join
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Join
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Join
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Join
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, without other life empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/25/06 DATE		