

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19036

FILED  
May 07, 2007  
Secretary of State

Entity Name: CARING CONCEPTS, INC.

**Current Principal Place of Business:**

1215 W BAKER ST  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

1215 W BAKER ST  
PLANT CITY, FL 33566 US

**New Mailing Address:**

FEI Number: 59-3037731      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GLENN, TODD  
1215 W, BAKER ST  
PLANT CITY, FL 33563 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GARRISON, VEL  
Address: 4805 DRAWDY ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: VP ( ) Delete  
Name: GLENN, TODD  
Address: 1215 W BAKER ST  
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete  
Name: LOHMEIER, VICTOR F  
Address: 1801 WALDEN PLACE NORTH  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KOHLMEIER, VICTOR F  
Address: 1801 WALDEN PLACE NORTH  
City-St-Zip: PLANT CITY, FL 33567

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VEL GARRISON

PSTD

05/07/2007

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

\_\_\_\_\_ Date