


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # S69340
 1. Entity Name
RES-CARE FLORIDA, INC.



Principal Place of Business Mailing Address
10140 LINN STATION RD **10140 LINN STATION RD**
LOUISVILLE, KY 40223 US **LOUISVILLE, KY 40223 US**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
61-1204314 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEARY, RONALD G 10140 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, PAUL G 10140 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PETERS, MARY D 10140 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WASKEY, DAVID S 10140 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 US/10/06-60054-025 150.00

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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, with all other like empowered.

SIGNATURE: Mary D Peters **MARY D. PETERS** 3-3-06 502-394-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #