

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002552

**Entity Name:** I CARE ABOUT ME, INC.

**Current Principal Place of Business:**

405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609

**Current Mailing Address:**

405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609

**FEI Number:** 26-3002007

**Certificate of Status Desired:** No

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

HACK, BOBBY  
405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609 US

*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

**Officer/Director Detail :**

Title DP  
Name HACK, BOBBY  
Address 405 S. DALE MABRY, STE. 257  
City-State-Zip: TAMPA FL 33609

Title S  
Name THE COLLEGIAL ENTERTAINMENT  
GROUP, LLC  
Address 405 S. DALE MABRY, STE. 257  
City-State-Zip: TAMPA FL 33609

Title DT  
Name LARSON, ERIN B  
Address 405 S. DALE MABRY, STE. 257  
City-State-Zip: TAMPA FL 33609

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOBBY W. HACK

DP

02/22/2014

Electronic Signature of Signing Officer/Director Detail

Date