

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292113

Entity Name: AG-CARE, INC.

Current Principal Place of Business:

2849 LUST RD.
APOPKA, FL 32703

Current Mailing Address:

2849 LUST RD.
APOPKA, FL 32703

FEI Number: 59-1590288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LONG, WILLIAM DSR.
2849 LUST ROAD
APOPKA, FL 32807 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	PD	Title	VD
Name	LONG, WILLIAM DSR.	Name	SCOTT, FRANK D
Address	2849 LUST ROAD	Address	R 1 BOX 110
City-State-Zip:	APOPKA, FL 32703	City-State-Zip:	MT DORA, FL
Title	SD		
Name	LONG, BARBARA R		
Address	2860 NEIL ROAD		
City-State-Zip:	APOPKA, FL 32703		

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

SIGNATURE: WILLIAM D. LONG

OWNER

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date