

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065480

Entity Name: POLLY'S CARE, INC.

Current Principal Place of Business:

9715 SPRING LAKE DRIVE
CLERMONT, FL 34711

Current Mailing Address:

9715 SPRING LAKE DRIVE
CLERMONT, FL 34711

FEI Number: 27-3224030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, PAULINE
9715 SPRING LAKE DRIVE
CLERMONT, FL 34711 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 PRES
Name MORRIS, PAULINE
Address 9715 SPRING LAKE DRIVE
City-State-Zip: CLERMONT FL 34711

Title SEC
Name DAY, TRISHA
Address 9715 SPRING LAKE DRIVE
City-State-Zip: CLERMONT FL 34711

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: PAULINE MORRIS

PRESIDENT

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date