

**2023 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**

**01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date