



**Companies House**  
— for the record —

**AR01** (ef)

**Annual Return**



Received for filing in Electronic Format on the: **22/04/2010**

XLD8HJDG

*Company Name:* **24/7 CARE (HAMPSHIRE) LIMITED**

*Company Number:* **04407704**

*Date of this return:* **02/04/2010**

*SIC codes:* **7487**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **STATION HOUSE NORTH STREET  
HAVANT  
HAMPSHIRE  
UNITED KINGDOM  
PO9 1QU**

**Officers of the company**

*Company Secretary* **1**

*Type:* **Person**

*Full forename(s):* **PAUL**

*Surname:* **GUY**

*Former names:*

*Service Address:* **HAMMONDS FARM WESTLANDS LANE  
BIRDHAM  
CHICHESTER  
WEST SUSSEX  
UNITED KINGDOM  
PO20 7HH**

---

*Company Director* **1**

*Type:* **Person**

*Full forename(s):* **MRS SALLY ANN**

*Surname:* **MCCALL GUY**

*Former names:* **MCCALL BIGGS**

*Service Address:* **HAMMONDS FARM WESTLANDS LANE  
BIRDHAM  
CHICHESTER  
WEST SUSSEX  
UNITED KINGDOM  
PO20 7HH**

*Country/State Usually Resident:* **UNITED KINGDOM**

*Date of Birth:* **25/10/1968** *Nationality:* **BRITISH**

*Occupation:* **NURSING AGENCY  
PROPRIETOR**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>1</b>
		<i>Aggregate nominal value</i>	<b>1</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>1</b>
		<i>Amount unpaid per share</i>	<b>0</b>
<i>Prescribed particulars</i>	<b>FULL VOTING RIGHTS</b>		

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>1</b>
		<i>Total aggregate nominal value</i>	<b>1</b>

### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 02/04/2010 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for a private or non-traded public company are shown below*

*Shareholding* : 1

**1 ORDINARY Shares held as at 02/04/2010**

*Name:* **CARING FOR YOU LIMITED**

*Address:*

## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.