

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112910

FILED
Feb 11, 2005
Secretary of State

Entity Name: ANNIE WILSON HOMECARE, INC.

Current Principal Place of Business:

155 CLARK ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

1225 W. BEAVER STREET
SUITE 120
JACKSONVILLE, FL 32204

Current Mailing Address:

2403 BROWARD ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

1225 W. BEAVER STREET
SUITE 120
JACKSONVILLE, FL 32204

FEI Number: 01-0575369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, ANNIE
2403 BROWARD ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, ANNIE
Address: 155 CLARK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WILSON, ANNIE
Address: 1225 W. BEAVER STREET , SUITE 120
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC () Change (X) Addition
Name: TURNER, SANDRA
Address: 1994 N. LAURA APT# 3
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNIE WILSON BRANSON

PRES

02/11/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date