


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90140 028 ***150.00

DOCUMENT # P04000107324

1. Entity Name
#1 CHOICE HOME HELP -N- CARE AGENCY INC



Principal Place of Business Mailing Address

1 OLEANDER ST
 SUITE 2
 COCOA FL 32922

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 SUITE 2
 COCOA FL 32922



2. Principal Place of Business 3. Mailing Address

1 OLEANDER STREET **1 Oleander Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 11 **Suite 11**

City & State City & State

Cocoa FL **Cocoa FL**

Zip Country Zip Country

32922 **USA** **32922** **USA**

4. FEI Number Applied For

20-1527465 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

STOUT, GAIL O
1 OLEANDER ST
SUITE 2
COCOA FL 32922

7. Name and Address of New Registered Agent

Name **STout GAIL O**

Street Address (P.O. Box Number is Not Acceptable)
1 OLEANDER STREET

Suite 11

City **Cocoa** State **FL** Zip Code **32922**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gail O Stout* (owner) DATE **4-18-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STOUT, GAIL O	
STREET ADDRESS	1026 REGALIA DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIERMAN, KARLA J	
STREET ADDRESS	1025 REGALIA DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	STOUT, KRSTEL G	
STREET ADDRESS	1026 REGALIA DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Gail O Stout* **GAIL O STOUT** Date **4/18/05** Daytime Phone # **321-433-3255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR