

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151728

FILED
Jan 12, 2006
Secretary of State

Entity Name: COMFORT MEDICAL OF SPRING HILL INC

Current Principal Place of Business:

8393 NORTHCLIFFE BLVD
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8393 NORTHCLIFFE BLVD
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 20-3800791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOORN, JERRY
14450 BAYHILL DR
LARGO, FL 33774 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: PRES () Delete
Name: DOORN, JERRY
Address: 14450 BAYHILL DR
City-St-Zip: LARGO, FL 33774

Title: TRES () Delete
Name: PLANK, SUSAN
Address: 6930 BREENBRIER DR
City-St-Zip: SEMINOLE, FL 33777

Title: VP () Delete
Name: DONNELLY, GEORGE
Address: 2556 RUNNING OAK CT
City-St-Zip: SPRING HILL, FL 34608

Title: SEC () Delete
Name: DONNELLY, JOANNE
Address: 2556 RUNNING OAK CT
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JERRY DOORN

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

_____ Date