

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147848

FILED
Mar 05, 2007
Secretary of State

Entity Name: JA-ROB HOME HEALTH AGENCY INC.

Current Principal Place of Business:

165 WELLS ROAD
SUITE 301
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

165 WELLS ROAD
SUITE 301
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGAN, JANTONETTE
3086 HIDDEN OAKS DRIVE
MIDDLEBURG, FL 32068 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: PD () Delete
Name: FAGAN, JANTONETTE
Address: 165 WELLS ROAD, SUITE 301
City-St-Zip: ORANGE PARK, FL 32073

Title: STD () Delete
Name: FAGAN, RICHARD
Address: 165 WELLS ROAD, SUITE 301
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECT (X) Change () Addition
Name: FAGAN, RICHARD
Address: 165 WELLS ROAD, SUITE 301
City-St-Zip: ORANGE PARK, FL 32073

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: JANTONETTE FAGAN

PRES

03/05/2007

Electronic Signature of Signing Officer or Director

Date