

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000043365

**Entity Name:** COMMUNITY & HOME CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

15703 CARLTON LAKE RD.  
WIMAUMA, FL 33598

**Current Mailing Address:**

15703 CARLTON LAKE RD.  
WIMAUMA, FL 33598 US

**FEI Number: 83-0541471**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

AARON, PHILLIPS J  
15703 CARLTON LAKE RD.  
WIMAUMA, FL 33598 US

*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

**Officer/Director Detail :**

Title P  
Name KELLEY, CANDICE M  
Address 15703 CARLTON LAKE RD.  
City-State-Zip: WIMAUMA FL 33598

Title CFO  
Name PHILLIPS, AARON J  
Address 15703 CARLTON LAKE RD.  
City-State-Zip: WIMAUMA FL 33598

*I hereby 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 all other like empowered.*

**SIGNATURE: AARON PHILLIPS**

**CFO**

**05/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date