FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 648696

1. Entity Name
B & H CARE HOMES, INC.

Principal Place of Business	Mailing Address
6465-32ND AVENUE, NORTH ST. PETERSBURG, FL 33710 US	P. O . BOX 14072 ST. PETERSBURG, FL 33733 US

04262004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1963206
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDREWS, LANCE
2828 66TH TERRACE S.
111-2ND AVENUE NE
ST PETERSBURG, FL 33712

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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 _____ DATE
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHNEIDER, MARION L.
STREET ADDRESS	6465 32ND AVE. NORTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	VD
NAME	SCHNEIDER, ROBERT L.
STREET ADDRESS	12003 96TH PL N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	SD
NAME	GRIZZEL, TERESA
STREET ADDRESS	1631 34TH AVE N.
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	TD
NAME	SCHNEIDER, HELEN J.
STREET ADDRESS	6465 32ND AVE. NORTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	

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04/29/04-80186-023 150.00

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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 all other like empowered.

SIGNATURE: Helen Schneider 04-26-04 727-3271019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HELEN SCHNEIDER