


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005328	
1. Entity Name GIRLING HEALTH CARE, INC.	

Principal Place of Business 4902 GROVER AVE. AUSTIN, TX 78756	Mailing Address PO BOX 4294 AUSTIN, TX 78765
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DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2115034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNN, SHERI 11735 HOYT AVE TAMPA, FL 33617	
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O GIRLING, ROBERT G III 4902 GROVER AVE. AUSTIN, TX 78756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GIRLING, BETTIE J 4902 GROVER AVE. AUSTIN, TX 78756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIRLING-SIKES, MARIA J 4902 GROVER AVE. AUSTIN, TX 78756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GIRLING, ROBERT G IV 4902 GROVER AVE. AUSTIN, TX 78756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/05-80043-025 150.00

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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: <u>Bettie J. Girling</u>	3/30/05 512-452-5781
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

Bettie J Girling President + CEO