

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90176 001 ***150.00

DOCUMENT # F04000005911

1. Entity Name
HOME-CARE EQUIPMENT NETWORK INC.



Principal Place of Business
19387 U.S. 19 NORTH
CLEARWATER, FL 33764

Mailing Address
19387 U.S. 19 NORTH
CLEARWATER, FL 33764



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1737592

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 SCHABEL, SHAWN S
STREET ADDRESS 19387 US 19 NORTH
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE STD
NAME GABOS, PAUL G
STREET ADDRESS 19387 US 19 NORTH
CITY-ST-ZIP CLEARWATER, FL 33764

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Paul G. Gabos
Paul G. Gabos

4/17/06

727-530-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #