

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001164

Entity Name: ALLIED HOME MEDICAL INC

FILED
Feb 15, 2007
Secretary of State

Current Principal Place of Business:

3075 POPLAR GROVE RD
COOKEVILLE, TN 38506

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 119
SPARTA, TN 38583

New Mailing Address:

FEI Number: 62-1631221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331 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: CV () Delete
Name: CASKEY, WILLIAM
Address: 3685 HICKORY VALLEY RD
City-St-Zip: SPARTA, TN 38583

Title: DP () Delete
Name: CASKEY, KIRK
Address: 388 WHITSON CHAPEL RD
City-St-Zip: COOKEVILLE, TN 38506

Title: DST () Delete
Name: CASKEY, LINDA
Address: 3685 HICKORY VALLEY RD
City-St-Zip: SPARTA, TN 38583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LINDA D CASKEY

DST

02/15/2007

Electronic Signature of Signing Officer or Director

Date