

2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-05-2008 90003 041 *****8.75

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2008 SEP 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08012008 Chg-P CR2E034 (12/06)

DOCUMENT # F07000002071	
1. Entity Name IN HOME CARE SERVICES, INC.	



Principal Place of Business 602-A EVERGREEN ST PANAMA CITY BEACH, FL 32407	Mailing Address 602-A EVERGREEN ST PANAMA CITY BEACH, FL 32407
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 1852
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Bemidji MN
Zip	Zip 56619
Country	Country

4. FEI Number 74-2641849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTGOMERY, JANETTE M 602-A EVERGREEN ST PANAMA CITY BEACH, FL 32407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Janette M Montgomery Janette M Montgomery President 7/31/08
Signature typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when retreating) DATE

FILE NOW!! FEES \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Did not receive 2007 Notice
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTGOMERY, JANETTE M 602-A EVERGREEN ST PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

X Janette M Montgomery

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