

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004430

FILED
Jan 19, 2005
Secretary of State

Entity Name: ABLE PALMS HOME & HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

200 LAKE AVE. N.E.
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

1107 HAZELTINE BLVD
200
CHASKA, MN 55318 US

New Mailing Address:

FEI Number: 41-1753931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: GOODMAN, JOHN B
Address: 1107 HAZELTINE BLVD #200
City-St-Zip: CHASKA, MN

Title: V () Delete
Name: PETERKA, DAN
Address: 1107 HAZELTINE BLVD #200
City-St-Zip: CHASKA, MN

Title: S () Delete
Name: BILICH, PATRICIA
Address: 1107 HAZELTINE BLVD #200
City-St-Zip: CHASKA, MN

Title: T () Delete
Name: SEIFERT, MELINDA
Address: 1107 HAZELTINE BLVD #200
City-St-Zip: CHASKA, MN

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:

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 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 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: JOHN B. GOODMAN

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date