

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004430

FILED  
Feb 05, 2007  
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:

400 LAKE AVE. N.E.  
109  
LARGO, FL 33771 US

## 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.  
2731 EXECUTIVE PARK DRIVE  
SUITE 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: 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 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: JOHN B. GOODMAN

PD

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date