

**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

**DOCUMENT # F9900000813**  
 1. Entity Name  
**AABON HOME HEALTH CARE SUPPLY, INC.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 OCT 27 PM 3:37

Principal Place of Business      Mailing Address  
 136 E REYNOLDS ST      136 E REYNOLDS ST  
 OZARK, AL 36360      OZARK, AL 36360



2. Principal Place of Business      3. Mailing Address  
 5201 DOGWOOD DR.      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      City & State

10212004    REIN-P    CR2E098 (6/04)

City & State      City & State  
**MILTON, FL**  
 Zip      Country      Zip      Country  
**32570      USA**

4. FEI Number      Applied For  
**63-1041426**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOSNELL, VICKIE**  
**5201 DOGWOOD DR.**  
**MILTON, FL 32570**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Vickie Gosnell*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HARRY, ROBERT 136 E REYNOLDS ST OZARK, AL 36360 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRY, LOU 136 E REYNOLDS ST OZARK, AL 36360 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY, MAJORIE #10 ZETA STREET GOLDEN, CO 80401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

000042240770  
 10/27/04--01029--008    \*\*750.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert E. H.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 Date: *10/27/04*      Daytime Phone #: *334 774-7535*

*10/29/04*