

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-01-2006 90035 027 *****8.75

03-29-2006 90134 031 ***145.25

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1. Entity Name

AABON HOME HEALTH CARE SUPPLY, INC.



Principal Place of Business
5201 DOGWOOD DRIVE
MILTON FL 32570

Mailing Address
5201 DOGWOOD DRIVE
MILTON FL 32570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
63-1041426

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOSNELL, VICKIE
5201 DOGWOOD DR.
MILTON FL 32570

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME HARRY, ROBERT
STREET ADDRESS 136 E REYNOLDS ST
CITY-ST-ZIP OZARK AL 36360

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☒ Delete
NAME HARRY, LOU
STREET ADDRESS 136 E REYNOLDS ST
CITY-ST-ZIP OZARK AL 36360

TITLE ☐ Change ☒ Addition
NAME Gloria Namy
STREET ADDRESS 422 Broad Street
CITY-ST-ZIP OZARK AL 36360

TITLE D ☐ Delete
NAME HARRY, MAJORIE
STREET ADDRESS #10 ZETA STREET
CITY-ST-ZIP GOLDEN CO 80401

TITLE ☐ Change ☐ Addition
NAME Richard Namy
STREET ADDRESS 422 Broad St
CITY-ST-ZIP OZARK AL 36360

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Robert E HARRY (324) 994-7535