2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000000813

1. Entity Name
AABON HOME HEALTH CARE SUPPLY, INC.

Principal Place of Business	Mailing Address
5201 DOGWOOD DRIVE MILTON, FL 32570	5201 DOGWOOD DRIVE MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1041426
☐ Applied For
☐ 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

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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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000788800
01/18/08-80056-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HARRY, ROBERT
STREET ADDRESS	136 E REYNOLDS ST
CITY-ST-ZIP	OZARK, AL 36360
TITLE	C
NAME	HARRY, GLORIA
STREET ADDRESS	422 BROAD ST
CITY-ST-ZIP	OZARK, AL 36360
TITLE	D
NAME	HARRY, RICHARD
STREET ADDRESS	422 BROAD ST
CITY-ST-ZIP	OZARK, AL 36360
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Robert C Harry 15 Jan 08 (334) 774-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

owner / President