

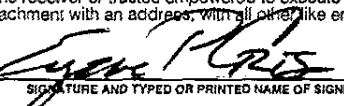


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002420 1. Entity Name HOME CARE SUPPLY, INC.			
Principal Place of Business 2155 IH 10 EAST BEAUMONT, TX 77701-1010		Mailing Address 2155 IH 10 EAST BEAUMONT, TX 77701-1010	
DO NOT WRITE IN THIS SPACE			
		04262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 76-0559195	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000139384 04/29/04-80117-016 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	CEO		
NAME	CHRISTOPHER, TODD D		
STREET ADDRESS	2155 IH 10 EAST		
CITY- ST- ZIP	BEAUMONT, TX 777011010		
TITLE	P		
NAME	CRISMAN, EUGENE P		
STREET ADDRESS	2155 IH 10 EAST		
CITY- ST- ZIP	BEAUMONT, TX 777011010		
TITLE	SD		
NAME	KANE, WILLIAM J		
STREET ADDRESS	2155 IH 10 EAST		
CITY- ST- ZIP	BEAUMONT, TX 777011010		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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:  President		4-28-04	409-951-6493
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>