

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86949

FILED
Jan 17, 2005
Secretary of State

Entity Name: TRADITIONAL HOME CARE, INC.

Current Principal Place of Business:

3250 N ANDREWS AVE EXTENSION
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

C/O MARY JO HARITON
3250 N. ANDREWS AVE EXT
POMPANO BEACH, FL 33064 US

New Mailing Address:

POST OFFICE BOX 1928
LEXINGTON, SC 29071 US

FEI Number: 59-2377550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARITON, MARY J
3250 N. ANDREWS AVENUE
POMPANO BEACH, FL 33064 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: P () Delete
Name: YOUNG, RON,
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC

Title: VPST () Delete
Name: KEIM, JOHN,
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC

Title: VP () Delete
Name: HARDMAN, JIM
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOUNG, RONNIE L
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

Title: VPST (X) Change () Addition
Name: KEIM, JOHN D
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

Title: VP (X) Change () Addition
Name: HARDMAN, JAMES F
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 D. KEIM

VPST

01/17/2005

Electronic Signature of Signing Officer or Director

_____ Date