## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

	MENT # G92829				J J		
1. Entity Name CARE EQUIPMENT & SUPPLIES, INC.							
Principal Place		Mailing Address	<u> </u>	1			
14 BEL FORE BELLEAIR BL	LUFFS, FL 33770	14 BEL FOREST DRIVE BELLEAIR BLUFFS, FL 33770	US				
				01232004	No Chg-P	CR2E034 (1	0/03)
D	O NOT WRITE	IN THIS SPAI	CE	4. FEI Number			Applied For
				59-2390	515 f Status Desired	\$8.7	Not Applicable  5 Additional
	6. Name and Address of Current Re	nistered Agent		Lastin (include the		Fee F	lequired
DUIL LIDE		percipal 4. print		مەھەردە ئىرنى ئارىكىدىدۇرىيە 1900-يايىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدىدى	องเองเสม ของใช้ที่สิทธพาก แกะก อาการทำให้ เป็น การทำให้ (100)	Andrews	
PHILLIPS, JAMES J 14 BEL FOREST DRIVE					NOT W	*****	. :
BELLEAIR BLUFFS, FL 34640				IN T	HIS SP	ACE	
		,					
	named entity submits this statement for thi	e purpose of changing its register	ed office or registe	red agent, or both	. in the State of Flo	ida. I am famille	ir with, and accept
SIGNATURE							
	Signature, typed or punted pares of registered agent and	ille d oppfloatile. (NOTE, Begietisce	d Agent alganitus require	is whose constituting)	ang na a <del>g</del> n	, page.	** - **;
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  7 Election Campaign Finance Trust Fund Contribution.				i.00 May Be ded to Fees			
10.	OFFICERS AND DIF	ECTORS			ji si kanan ili, andara	The second secon	and the second of the second of
tifle Name	PHILLIPS, JAMES J			ikwi a bashing			
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TITLE NAME							
Street Address City-87-207			a la tipa da	A, and the State of the State o	dan kanggalan dan dan dan dan dan dan dan dan dan d		
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NAME STREET ADDRESS							
STREET ADDRESS CHY-S!-ZIP	certify that the information supplied with this on this report or supplemental report is to poration or the receiver or trustee or the or on an attachment with an address, with	s filing days pay world for the	motion state is a	eation 119 87/01/1	Elarida Ctabbas	frether and h.	If the information