

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13788

FILED
Apr 05, 2005
Secretary of State

Entity Name: HOME CONVALESCENT EQUIPMENT INC.

Current Principal Place of Business:

% ALBERT JOHNSON
219 N. WAUKESHA ST
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

% ALBERT JOHNSON
219 N. WAUKESHA ST
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 59-2436547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MARTIN
219 N. WAUKESHA ST
BONIFAY, FL 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: JOHNSON, ALBERT MART, IN
Address: 219 N WAUKESHA ST
City-St-Zip: BONIFAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JOHNSON, ALBERT MART, IN
Address: 219 N WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425 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: AL JOHNSON

PRES

04/05/2005

Electronic Signature of Signing Officer or Director

Date