

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J64706

FILED
Jan 23, 2009
Secretary of State

Entity Name: BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.

Current Principal Place of Business:

2430 WEST BAY DRIVE
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1462
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 59-2833315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINSON, TODD
2430 EAST BAY DRIVE
LARGO, FL 33770 US

Name and Address of New Registered Agent:

ATKINSON, TODD
2430 WEST BAY DRIVE
LARGO, FL 33770 US

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:

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATKINSON, DIANNE H
Address: 604 PALM AVE
City-St-Zip: BELLEAIR, FL 33756

Title: VPD () Delete
Name: ATKINSON, THOMAS H
Address: 604 PALM AVE
City-St-Zip: BELLAIR, FL 33756

Title: TD () Delete
Name: ATKINSON, TODD R
Address: 14706 CANOPY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: SD (X) Delete
Name: JOHNSON, SUZANNE A
Address: 14363 92 TERRACE N.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ATKINSON, TODD R
Address: 14706 CANOPY DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VPD (X) Change () Addition
Name: ATKINSON, DIANNE H
Address: 604 PALM AVE
City-St-Zip: BELLAIR, FL 33756

Title: VPD (X) Change () Addition
Name: JOHNSON, SUZANNE A
Address: 14363 92 TERRACE N.
City-St-Zip: SEMINOLE, FL 33776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TODD ATKINSON

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date