


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K04870
1. Entity Name
ADULT FAMILY HOME CARE, INC.



Principal Place of Business
2052-54 SYRACUSE CT.
PALM BAY, FL 32905

Mailing Address
2052-54 SYRACUSE CT.
PALM BAY, FL 32905

DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2863915

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LIDLAW, BERNICE
2052-2054 SYRACUSE CT., N.E.
PALM BAY, FL 32905

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000951331
06/04/08-80031-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERGUSON, PATRICIA
STREET ADDRESS	2052-54 SYRACUSE CT
CITY - ST - ZIP	PALM BAY, FL 32905
TITLE	VP
NAME	LIDLAW, BERNICE
STREET ADDRESS	2052-54 SYRACUSE CT
CITY - ST - ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bernice Lidlaw* 5/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #