


2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -6 PM 4:07

DOCUMENT # K04870 1. Entity Name ADULT FAMILY HOME CARE, INC.	
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Principal Place of Business 2052-54 SYRACUSE CT. PALM BAY, FL 32905	Mailing Address 2052-54 SYRACUSE CT. PALM BAY, FL 32905
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01062009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2863915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LIDLAW, BERNICE
 2052-2054 SYRACUSE CT., N.E.
 PLAM BAY, FL 32905

DO NOT WRITE
IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00

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

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	LAIDLAW, 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	

DO NOT WRITE
IN THIS SPACE

400145146794
03/06/09--01027--009 **150.00

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 Laidlaw Date: 2/27/09 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS