2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # K57239

1. Entity Name
HIGH TECH HOME HEALTH, INC.

Principal Place of Business	Mailing Address
4360 NORTH LAKE BLVD #214 PALM BEACH GARDENS, FL 33410 US	4360 NORTH LAKE BLVD #214 PALM BEACH GARDENS, FL 33410 US

01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0097857

Applied For
Not Applicable

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

6. **Name and Address of Current Registered Agent**

LARKIN, MIMI K.
4360 NORTH LAKE BLVD
#214
PALM BEACH GARDENS, FL 33410

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 X Mimi Larkin 01/26/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LARKIN, MIMI K.
STREET ADDRESS	1 SHELDRAKE LANE
CITY ST ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	LARKIN, THOMAS J.
STREET ADDRESS	1 SHELDRAKE LANE
CITY ST ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000023110
02/02/04-80013-013 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mimi Larkin 01/26/04 561-626-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR