


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K69600		
1. Entity Name AMERICAN HOME OXYGEN AND HOSPITAL EQUIPMENT, INC.		
Principal Place of Business 1057 ELLIS ROAD NORTH SUITE 17 JACKSONVILLE, FL 32254 US		Mailing Address 2155 I-H 10 EAST BEAUMONT, TX 77701 US
DO NOT WRITE IN THIS SPACE		
		04262004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-2935242		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		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000139382 04/29/04-80117-014 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTOPHER, TODD 650 THOMAS RD. BEAUMONT, TX 77706	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRISMAN, GENE 970 N. 21ST STREET BEAUMONT, TX 77706	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HUMPHREY, EUGENE 2155 I-H 10 EAST BEAUMONT, TX 77701	
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 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: <u><i>Gene Phelan</i></u> Vice President		4-28-04 409-951-6493
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>