

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L58889

**FILED**  
**Jul 11, 2008**  
**Secretary of State**

**Entity Name:** JAN'S HOME CARE, INC.

**Current Principal Place of Business:**

620 EAST NEW YORK AVE  
DELAND, FL 32724 US

**New Principal Place of Business:**

2090 SOUTH NOVA ROAD  
SUITE B - 218  
SOUTH DAYTONA, FL 32119 US

**Current Mailing Address:**

P.O. BOX 3126  
DELAND, FL 32724 US

**New Mailing Address:**

2090 SOUTH NOVA ROAD  
SUITE B - 218  
SOUTH DAYTONA, FL 32119 US

**FEI Number:** 59-3003281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSTLUND, GRANT  
620 EAST NEW YORK AVE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

CARGILL, PAULA  
2090 SOUTH NOVA ROAD  
SUITE B - 218  
SOUTH DAYTONA, FL 32119 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: PAULA CARGILL

07/11/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TUCKER, GEORGE  
Address: 823 AVENIDA PALOS VERDES  
City-St-Zip: PALM SPRINGS, CA

Title: P ( ) Delete  
Name: SCHULER, JET  
Address: 2020 W 9TH AVE  
City-St-Zip: OSHKOSH, WI 54904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TUCKER, GEORGE  
Address: 2020 W 9TH AVE  
City-St-Zip: OSHKOSH, WI 54904

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: JET SCHULER

P

07/11/2008

Electronic Signature of Signing Officer or Director

Date