



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90005 020 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # L91785 1. Entity Name SUPERIOR IN-HOME CARE INC. | |  | |
| Principal Place of Business 1000 N. NEW WARRINGTON ROAD PENSACOLA, FL 32506 US | | Mailing Address 1000 N. NEW WARRINGTON ROAD PENSACOLA, FL 32506 US | |
| 2. Principal Place of Business 2400 W. Michigan Ave Suite, Apt. #, etc. Unit 21 City & State Pensacola, FL Zip 32526 Country USA | | 3. Mailing Address 2400 W. Michigan Ave. Suite, Apt. #, etc. Unit 21 City & State Pensacola, FL Zip 32526 Country USA | |
| | |  | |
| | | 02212006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 59-3021356 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ELLIS, MELISSA A ADMIN. 7153 FITZPATRICK ROAD. PENSACOLA, FL 32526 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: <u>Melissa Ellis Admin 2/21/06</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P ELLIS, MELISSA A ADMIN 7153 FITZPATRICK ROAD PENSACOLA, FL 32526 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | V ELLIS, JOSEPH H 7153 FITZPATRICK ROAD PENSACOLA, FL 32526 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | S SMITH, JULIE 1161 WOODLAKE DRIVE CANTONMENT, FL 32533 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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: <u>Melissa Ellis Admin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>2/21/06</u> <u>850457-1601</u> <small>Date Daytime Phone #</small> | |