


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L95805	
1. Entity Name PORTABLE HOME RESPIRATORY, INC.	

Principal Place of Business 4990 S.W. 52ND ST. STE 211 FT. LAUDERDALE, FL 33314 US	Mailing Address 4990 SW 52ND ST SUITE 211 FT. LAUDERDALE, FL 33314 US
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0213528	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SELBY, EDITH E. 470 SW PETERSBURG TERR PLANTATION, FL 33325
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SELBY, EDITH 470 SW PETERSBURG TERR PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELBY, WILLIAM 470 SW PETERSBURG TERR PLANTATION, FL 33325
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<p>U00000752027 05/18/07-80126-012 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Edith E. Selby D/S/T EDITH E. SELBY 4/30/07 954 791-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #