

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004380

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** HOME REHABILITATION AND DEVELOPMENT, INC.

**Current Principal Place of Business:**

850 CANTON CIRCLE  
APT 54  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

850 CANTON CIRCLE  
APT 54  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-3658426      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOFF, WILLIAM C  
850 CANTON CIRCLE  
APT. 54  
TALLAHASSEE, FL 32301 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MITCHELL, M. MIAISHA  
Address: 2940 GRADY ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT  
Name: TRAPANE, TOM  
Address: 3213 BIG OAK ST.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: CEO  
Name: GOFF, WILLIAM C  
Address: 2411 FORMOSA DR.  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIM. C. GOFF

CEO

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date