## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007773

Entity Name: AMERICAN HOME PROVIDERS, INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2107 SW 57TH TERRACE UNIT 8 416 S NAVY BLVD HOLLYWOOD, FL 33023 PENSACOLA, FL 32507

**Current Mailing Address: New Mailing Address:** 

2107 SW 57TH TERRACE UNIT 8 416 S NAVY BLVD HOLLYWOOD, FL 33023 PENSACOLA, FL 32507

FEI Number: 03-0487096 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PST (X) Change ( ) Addition () Delete GLOIN, CHRISTOPHER A GLOIN, CHRISTOPHER A Name: Name: 2107 SW 57TH TERRACE UNIT 8 Address: 416 S NAVY BLVD Address:

City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: PENSACOLA, FL 32507

Title: DIRE () Delete Title: (X) Change ( ) Addition MEGYERDI, PETER Name: MEGYERDI, PETER Name: Address: 939 MACINTOSH ST Address: 6816 S US HWY A1A City-St-Zip: WEST PALM BEACH, FL 33405 US City-St-Zip: MELBOURNE, FL 32951 US

Title: DIRE () Delete Title: DIRE (X) Change ( ) Addition MEGYERDI, GABRIEL

MEGYERDI, GABRIEL Name: Name: Address: 939 MACINTOSH ST Address: 6816 S US HWY A1A City-St-Zip: WEST PALM BEACH, FL 33405 US City-St-Zip: MELBOURNE, FL 32951 US

Title: DIRE ( ) Delete Title: DIRE (X) Change ( ) Addition

Name: ROESER, RICHARD Name: TERRY, JAMES T Address: 2611 SHEERMAN ST Address: 416 S NAVY BLVD

City-St-Zip: HOLLYWOOD, FL 33020 US City-St-Zip: PENSACOLA, FL 32507 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER GLOIN PST 04/29/2005