2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000001948

1. Entity Name
ALL FLORIDA HOME CARE, INC.

Principal Place of Business	Mailing Address
2440 SE FEDERAL HWY STE 0 STUART, FL 34994	2440 SE FEDERAL HWY STE 0 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

04042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0975830	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALPIN, SHEILA
1952 QUAYDOCK RD (67TH ST)
VERO BEACH, FL 32967

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	VTD
NAME	HALPIN, SHEILA F
STREET ADDRESS	2440 SE FEDERAL HWY STE 0
CITY-ST-ZIP	STUART, FL 34994
TITLE	PSD
NAME	SHERMAN, PATRICIA J
STREET ADDRESS	2440 SE FEDERAL HWY STE 0
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Patricia Sherman_   4/4/06   772-286-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #