

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000112819 1. Entity Name REGAL HOME CARE, INC.	
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Principal Place of Business 3426 17TH STREET SARASOTA, FL 34235	Mailing Address 3426 17TH STREET SARASOTA, FL 34235
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-1060628	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARBEENE, STEPHEN 2226 VALRICO FOREST DRIVE VALRICO, FL 33594
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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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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

**U000000112143
04/14/04-80011-008 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ARBEENE, STEPHEN E 2226 VALRICO FOREST DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LYONS, ROSANNA 721 FORESTVIEW DR. SARASOTA, FL 34232
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rosanna Lyons **4/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Use the phone #