

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018320

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** PINARD HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

4849 SE 110TH STREET  
57  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2811  
BELLVIEW, FL 34421

**New Mailing Address:**

**FEI Number:** 59-3712361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINARD, ROBERT G  
9613 SE 124TH LOOP  
SUMMERFIELD, FL 34491 US

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

PINARD, ROBERT G  
9211 FERNWILLOW DR.  
SPRING, TEXAS, FL 77379 US

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: ROBERT G. PINARD

06/30/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PINARD, ROBERT G  
Address: 9613 SE 124TH LOOP  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete  
Name: PINARD, EILEEN  
Address: 9613 SE 124TH LOOP  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PINARD, ROBERT G  
Address: 9211 FERNWILLOW DRIVE  
City-St-Zip: SPRING, TX 77379

Title: D (X) Change ( ) Addition  
Name: PINARD, EILEEN  
Address: 9211 FERNWILLOW DRIVE  
City-St-Zip: SPRING, TX 77379

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

SIGNATURE: E. JUNE PINARD

ADM

06/30/2005

Electronic Signature of Signing Officer or Director

Date