## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000028927

Entity Name: COMFORT MEDICAL, INC.

**FILED** Feb 15, 2005 Secretary of State

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

5539 PARK STREET NORTH 11171 SEMINOLE BLVD. ST PETERSBURG, FL 33709 LARGO, FL 33778

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

5539 PARK STREET NORTH 11171 SEMINOLE BLVD. ST PETERSBURG, FL 33709 LARGO, FL 33778

FEI Number: 59-3720298 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:

DOORN, JERRY DOORN, JERRY 5539 PARK STREET NORTH 6930 GREENBRIER DRIVE ST PETERSBURG, FL 33709 US SEMINOLE, FL 33777

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: JERRY DOORN 02/15/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

DOORN, JERRY DOORN, JERRY Name: Name: 8058 AUGUSTA BLVD. N. 6930 GREENBRIER DRIVE Address: Address:

City-St-Zip: SEMINOLE, FL 33777 City-St-Zip: SEMINOLE, FL 33777

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

Name: BABB, CAROLE PLANK, SUSAN

8058 AUGUSTA BLVD. N. Address: 6930 GREENBRIER DRIVE Address: SEMINOLE, FL 33777 SEMINOLE, FL 33777 City-St-Zip: City-St-Zip:

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: JERRY DOORN **PRES** 02/15/2005