

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000041084

1. Entity Name
HOME RESPIRATORY CARE, INC.



Principal Place of Business
**452-B NORTH TEMPLE AVENUE
STARKE, FL 32091**

Mailing Address
**452-B NORTH TEMPLE AVENUE
STARKE, FL 32091**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HINES, BRET J SR.
355 MYRTLE ST
STARKE, FL 32091**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HINES, BRET J SR. 335 MYRTLE ST STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MAAS, ANNE E 565 HEBRON AVE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HINES, CHERYL T 335 MYRTLE ST STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000582055
01/11/07-80018-003 158.75

**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:

BRET J. HINES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 904-966-0520
Date Daytime Phone #