# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P02000039138

**Entity Name:** HOME MEDICAL SUPPLY SOLUTIONS, INC.

**Current Principal Place of Business:**

8900 NAVARRE PKWY
NAVARRE, FL 32566

**New Principal Place of Business:**

5674 GULF BREEZE PKWY.
BLDG. C, STE. 3
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

8900 NAVARRE PKWY
NAVARRE, FL 32566

**New Mailing Address:**

5674 GULF BREEZE PKWY.
BLDG. C, STE. 3
GULF BREEZE, FL 32563

**FEI Number: 73-1637678** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GUGLIOTTA, TONI M
2075 FOUNTAINVIEW DR.
NAVARRE, FL 32566 US

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

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: _____

Electronic Signature of Registered Agent Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GUGLIOTTA, TONI M
Address: 2075 FOUNTAINIEW DR.
City-St-Zip: NAVARRE, FL 32566

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: TONI GUGLIOTTA P 02/15/2005

Electronic Signature of Signing Officer or Director Date