# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2008**
**Secretary of State**

DOCUMENT# P02000078724

**Entity Name:** ADULT QUALITY CARE HOMES, INC.

**Current Principal Place of Business:**

4869 NW 124 WAY
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

4869 NW 124 WAY
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number: 04-3711760** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

LARMAN, CLYDE
4869 NW 124 WAY
CORAL SPRINGS, FL 33076 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: PST ( ) Delete
Name: LARMAN, CLYDE
Address: 4869 NW 124 WAY
City-St-Zip: CORAL SPRINGS, FL 33076

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

Title: PST (X) Change ( ) Addition
Name: LARMAN, CLYDE W
Address: 4869 NW 124 WAY
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLYDE W. LARMAN PST 03/28/2008

Electronic Signature of Signing Officer or Director Date