

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006116

Entity Name: CAPRI HOME CARE, INC.

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

2530 GARY CIRCLE #802  
DUNEDIN, FL 34698

## New Principal Place of Business:

28050 US 19 N  
SUITE 202  
CLEARWATER, FL 33761

## Current Mailing Address:

2530 GARY CIRCLE #802  
DUNEDIN, FL 34698

## New Mailing Address:

28050 US 19 N  
SUITE 202  
CLEARWATER, FL 33761

FEI Number: 55-0815642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DECAMELLA, DAVID J CEO  
2530 GARY CIRCLE  
802  
DUNEDIN, FL 34698 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: D ( ) Delete  
Name: DECAMELLA, DAVID  
Address: 2530 GARY CIRCLE #802  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: CRAWFORD, GENA  
Address: 4845 DEER LODGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DECAMELLA, DAVID  
Address: 4845 DEER LODGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change ( ) Addition  
Name: DECAMELLA, GENA  
Address: 4845 DEER LODGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: DAVID DECAMELLA

OWN

01/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date