

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018114

Entity Name: PINNACLE HOME CARE, INC.

FILED
Feb 01, 2008
Secretary of State

Current Principal Place of Business:

4821 US HWY 19
STE 2A
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4821 US HWY 19
STE 2A
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

4821 US HWY 19
STE 2
NEW PORT RICHEY, FL 34652

New Mailing Address:

4821 US HWY 19
STE 2
NEW PORT RICHEY, FL 34652

FEI Number: 45-0502569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHINGTON, PAUL M
8223 AQUILA ST
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

WORTHINGTON, PAUL M
18701 GOLDEN HAWK CT
HUDSON, FL 34667 US

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:

02/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAGE, RACHAEL
Address: 8853 KILMER WAY
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: DONALDSON, SHANE
Address: 8853 KILMER WAY
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: WORTHINGTON, PAUL M
Address: 8223 AQUILA ST
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: WORTHINGTON, VIVIENNE F
Address: 8223 AQUILA ST
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WORTHINGTON, PAUL M
Address: 18701 GOLDEN HAWK CT
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change () Addition
Name: WORTHINGTON, VIVIENNE F
Address: 18701 GOLDEN HAWK CT
City-St-Zip: HUDSON, FL 34667

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: SHANE DONALDSON

D

02/01/2008

Electronic Signature of Signing Officer or Director

Date