


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91287 034 \*\*\*150.00

<b>DOCUMENT # P03000023446</b>			
1. Entity Name <b>LX TRANSPORTATION &amp; HOME CARE SERVICE, INC.</b>			
Principal Place of Business <b>555202 ARBOR CLUB WAY BOCA RATON FL 33433</b>		Mailing Address <b>555202 ARBOR CLUB WAY no longer in service BOCA RATON FL 33433</b>	
2. Principal Place of Business <b>5345 NW 93 Sun</b>		3. Mailing Address <b>5345 NW 93 Sun</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunrise, FL 33351</b>		City & State <b>Sunrise, FL 33351</b>	
Country <b>Florida</b>		Country <b>Florida</b>	
6. Name and Address of Current Registered Agent <b>GABBIDON, PATRICK 5345 NW 93RD TERRACE SUNRISE FL 33351</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 <u><i>P. Gabbidon</i></u> Director DATE <u>4/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABBIDON, PATRICK 5345 NW 93RD TERRACE SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABBIDON, DAVELL 5345 NW 93RD TERRACE SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>P. Gabbidon</i></u> Director		Date <u>4/19/04</u> Daytime Phone # _____	

66424554



MOORE CR2E034 (11/03)