

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90017 034 ***150.00

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1. Entity Name

PREFERRED HOME CARE SOLUTIONS INC.

Principal Place of Business
36426 US HWY 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36426 US HWY 19 NORTH
PALM HARBOR FL 34684



2. Principal Place of Business - No P.O. Box #

5838 Dailey Lane

Suite, Apt. #, etc.

New Port Richey, Fl

City & State

3. Mailing Address

5838 Dailey Lane

Suite, Apt. #, etc.

New Port Richey, Fl

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 51-0477709

Applied For

Not Applicable

Zip
34652

Country
Oasco

Zip
34652

Country
Pasco

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TABBERT, LISA L
36426 US HWY 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name
TABBERT, LISA L.

Street Address (P.O. Box Number is Not Acceptable)

5838 Dailey Lane

City
New Port Richey

FL

Zip Code
34652

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TABBERT, LISA L
27652 ARLINGTON RD.
WESLEY CHAPEL FL 33544 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SDT
WARD, CLARA R
12015 ROSELAND DR.
NEW PORT RICHEY FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Clara R. Ward

Clara R. Ward

3/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #