2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State
04-02-2008 90018 046 ***150.00

DOCUMENT # P03000074072

1. Entity Name
TOTAL HOMEMINDING CARE, INC.

Principal Place of Business	Mailing Address
5184 TARRAGON LANE PALM BEACH GARDENS FL 33418 US	P.O. BOX 31011 PALM BEACH GARDENS FL 33418 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
506 PELICAN LANE N.	506 PELICAN LANE N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FL.	City & State: JUPITER, FL.
Zip: 33458 / Country: PALM BEACH	Zip: 33458 / Country: PALM BEACH

1st MOORE CR2E034 (10/07)

4. FEI Number 37-1476762 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIRENZO, DANIEL P 506 PELICAN LANE JUPITER FL 33458	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 _____
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, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	COSTELLO, RALPH A	NAME	DiRENZO, DANIEL P.
STREET ADDRESS	5184 TARRAGON LANE	STREET ADDRESS	506 PELICAN LANE N.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	JUPITER, FL. 33458
TITLE	D ☒ Delete	TITLE	VICE PRESIDENT ☑ Change ☐ Addition
NAME	COSTELLO, CAROLYN M	NAME	DiRENZO, MERN A.
STREET ADDRESS	5184 TARRAGON LANE	STREET ADDRESS	506 PELICAN LANE N.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	JUPITER, FL. 33458
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Daniel P. DiRenzo 2/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #