


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 039 ***150.00

DOCUMENT # P03000074756

1. Entity Name
A & A HOMECARE, INC.



Principal Place of Business
**452 E 4TH STREET
 PORT ST JOE, FL 32456**

Mailing Address
**P O DRAWER 1579
 PANAMA CITY, FL 32402**

54060612



2. Principal Place of Business
452 E 4th St.

3. Mailing Address
PO Box 216

Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State
PORT ST JOE, FL

City & State
PORT ST JOE, FL

Zip
32456 Country **USA** Zip **32457** Country **USA**

4. FEI Number
03-0523544

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

APPLEMAN-MONIZ, CARLOTTA
452 E 4TH STREET
PORT ST JOE, FL 32456

7. Name and Address of New Registered Agent

Name
Appleman-Moniz, Carlotta

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

City
Panama City FL Zip Code **32402**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, AMY
STREET ADDRESS	452 E 4TH STREET
CITY - ST - ZIP	PORT ST JOE, FL 32456
TITLE	D <input type="checkbox"/> Delete
NAME	MCLEMORE, APRIL
STREET ADDRESS	452 E 4TH STREET
CITY - ST - ZIP	PORT ST JOE, FL 32456
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Amy L. Miller* Date: 07/06/04 Daytime Phone #: (850)227-3331

5406002

Attachment
P03000074736

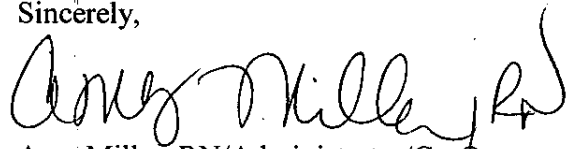
A & A HomeCare, Inc.
452 East 4th Street
Port St. Joe, FL 32456
Phone (850) 227-3331
Fax (850) 227-3406

July 6, 2004

To Whom It May Concern:

It was just brought to my attention today by our Registered Agent that it was time to file our Annual For Profit Corporation Report as she had received a notice of resolvement. We did not receive a renewal notice via the mail, nor did our Registered Agent receive the renewal notice. I am immediately filing our report along with the required fee. I apologize that it has not already been done. We are very prompt with all such matters and would have filed sooner had we received the renewal notice.

Sincerely,



Amy Miller, RN/Administrator/Co-Owner
A & A HomeCare, Inc.