

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078662

FILED  
Jan 23, 2004  
Secretary of State

**Entity Name:** ABOVE ALL HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

118 SW 12 AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

118 SW 12 AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 13-4262280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRASIER, ADRIENNE  
118 SW 12 AVE  
DELRAY BEACH, FL 33444

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO ( ) Change (X) Addition  
Name: FRASIER, ADRIENNE MISS  
Address: 118 S.W. 12TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** ADRIENNE FRASIER

CEO

01/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date