2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2005 08:00 AM Secretary of State

DOCUMENT # P03000082440 1. Entity Name WFH II HOMECARE, INC.				Secretary of State		
Principal Place of Business 3202 KING CHARLES CIRCLE SEFFNER, FL 33584		Mailing Address 3202 KING CHARLES CIRCLE SEFFNER, FL 33584	3202 KING CHARLES CIRCLE			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				07202005 No Chg-P CR2E034 (10/03) 4. FEI Number 20-0130238 Applieα For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
3202 KING	N, WILLIAM F II G CHARLES CIRCLE R, FL 33584	n Hegistered Agent			NOT WR THIS SPA	
8. The above the obligat	named ontity submits this statement tions of registered agent.	for the purpose of changing its registere	ed office or registere	ed agent, or bo	oth, in the State of Florida	. I am familiar with, and accept
SIGNATURE Signature, typed or priviled name of registered agent and title if applicable. (NOTE Registered Agent's gnature requi				which reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financin Trust Fund Contribution.				5.00 May Be ded to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D HAYSTON, WILLIAM F II 3202 KING CHARLES CIRCLE SEFFNER, FL 33584				U00000 08/31/05-	1377476 80004-002 150.00
CITY-ST-ZIP I-TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			***************************************		NOT WR THIS SPA	
STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME				Later S		
STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of the corr	oration or the receiver or trustee emp or on an attachment with an address	th this filing does not qualify for the exemistrue and accurate and that my signate powered to execute this report as require with all other like empowered	nption stated in Sec ure shall have the se ed by Chapter 607.	Florida Statute	i), Florida Statutes. I furth it as if made under oath, is, and that my name app	riet certify that the information that I am an officer or director pears in Block 10 or Block 11 if