## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000106453

PALM BAY, FL 32908 US

City-St-Zip:

FILED May 11, 2004 Secretary of State

Entity Name: RON'S COMFORT CARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 420 FRONDA AVE S.W PALM BAY, FL 32908 US **Current Mailing Address: New Mailing Address:** 420 FRONDA AVE S.W PALM BAY, FL 32908 FEI Number: 65-1207159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLAKE, SHERON P 420 FRONDA AVE S.W PALM BAY, FL 32908 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BLAKE, SHERON P Name: Name: 420 FRONDA AVE Address: Address: City-St-Zip: PALM BAY, FL 32908 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete JOHNSON, JOYCIE Name: Name: 761 GIBBONS ROAD S.W Address: Address:

City-St-Zip:

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 Statutés. 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.

Ρ SIGNATURE: SHERON P BLAKE 05/11/2004