


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90167 039 \*\*\*158.75

DOCUMENT # P03000109025		
1. Entity Name COMFORT MEDICAL AIDS, INC.		

Principal Place of Business <del>7560 STARKEY ROAD</del> <del>SEMINOLE, FL 33777</del>	Mailing Address 7560 STARKEY ROAD SEMINOLE, FL 33777
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54053012



2. Principal Place of Business 5539 Park St. N. Suite, Apt. #, etc.	3. Mailing Address 5539 Park St. N. Suite, Apt. #, etc.
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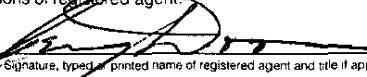
05042004 Chg-P CR2E034 (10/03)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33709	Zip 33709
County Pinellas	County Pinellas

4. FEI Number 20-0283777	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. % O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD SUITE 150 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  JERRY DOORN	DATE 5/01/04


**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASSEIGNE, ERROL J <del>7560 STARKEY ROAD</del> <del>SEMINOLE, FL 33777</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LASSEIGNE, ERROL J 5539 Park St. N. St. Petersburg, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOORN, JERRY <del>7560 STARKEY ROAD</del> <del>SEMINOLE, FL 33777</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DOORN, JERRY 5539 Park St. N. St. Petersburg, FL 33709
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JERRY DOORN	DATE 5/1/04 (727) 768-0992