## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000109025

Entity Name: COMFORT MEDICAL AIDS, INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5539 PARK ST. N 11171 SEMINOLE BLVD. SAINT PETERSBURG, FL 33709 LARGO, FL 33778

Current Mailing Address: New Mailing Address:

5539 PARK ST. N 11171 SEMINOLE BLVD. SAINT PETERSBURG, FL 33709 LARGO, FL 33778

FEI Number: 20-0283777 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:

O,CONNOR, PATRICK M ESQ. % O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD SUITE 150 CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LASSEIGNE, ERROL J Name: LASSEIGNE, ERROL J

 Name:
 LASSEIGNE, ERROL J
 Name:
 LASSEIGNE, ERROL J

 Address:
 5539 PARK ST. N
 Address:
 11171 SEMINOLE BLVD

 City-St-Zip:
 SAINT PETERSBURG, FL 33709
 City-St-Zip:
 LARGO, FL 33778

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DOORN, JERRY
 Name:
 DOORN, JERRY

 Address:
 5539 PARK ST. N
 Address:
 11171 SEMINOLE BLVD

 City-St-Zip:
 SAINT PETERSBURG, FL 33709
 City-St-Zip:
 LARGO, FL 33778

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: JERRY DOORN D 04/14/2005