

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90394 007 ***150.00

DOCUMENT # P03000118088

1. Entity Name
CONTENT FAMILY HOME CARE, INC.



Principal Place of Business
**1759 CATALINA BLVD
DELTONA, FL 32738**

Mailing Address
**1759 CATALINA BLVD
DELTONA, FL 32738**

24030344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

03-0531237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FANCEY, RUHAMAH
1759 CATALINA BLVD
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name **Rylander, Ruhamah**

Street Address (P.O. Box Number is Not Acceptable)

same

City

FL

Zip Code

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 **Ruhamah Rylander**

Signature, typed or printed name of registered agent and title if applicable.

Ruhamah Rylander

(NOTE: Registered Agent signature required when reinstating)

3-24-2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **FANCEY, RUHAMAH**
STREET ADDRESS **1759 CATALINA BLVD**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **VP** ☐ Delete
NAME **RYLANDER, DAVID**
STREET ADDRESS **1759 CATALINA BLVD**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Rylander, Ruhamah**
STREET ADDRESS **1759 Catalina Blvd**
CITY-ST-ZIP **Deltona, FL 32738**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Ruhamah Rylander**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruhamah Rylander

Date

Daytime Phone #

3-24-2004 386-561-9182