2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005
Secretary of State

DOCUMENT# P04000019753

Entity Name: HOME DOCTORS OF CITRUS COUNTY, INC.

Current Principal Place of Business:

6610 S. DUVAL ISLAND DRIVE
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

6610 S. DUVAL ISLAND DRIVE
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RON A. RHOADES, P.A.
2450 N. CITRUS HILLS BLVD.
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

RIDEOUT, LUCILLE A
6610 S. DUVAL ISLAND DRIVE
FLORAL CITY, FL 34436 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: LUCILLE A. RIDEOUT 09/08/2005
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:

Title: P ( ) Delete
Name: RIDEOUT, STUART L
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: VP ( ) Delete
Name: RIDEOUT, LUCILLE A
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: S ( ) Delete
Name: RIDEOUT, LUCILLE A
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: T ( ) Delete
Name: RIDEOUT, LUCILLE A
Address: 6610 S. DUVAL ISLAND DRIVE
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
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 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: STUART L. RIDEOUT P 09/08/2005
Electronic Signature of Signing Officer or Director Date