2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90301 039 ***150.00

DOCUMENT # P04000040117

1. Entity Name
AT HOME COMPANION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1499 BEACON DRIVE KISSIMMEE, FL 34746	1499 BEACON DRIVE KISSIMMEE, FL 34746

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1364 EAST VINE STREET		1364 EAST VINE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KISSIMMEE FLORIDA		City & State: KISSIMMEE FLORIDA	
Zip: 34744	Country: USA	Zip: 34744	Country: USA

4. FEI Number: 20-0828472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NUGUID, RAMON
1499 BEACON DRIVE
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 [signature] PRESIDENT 4/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD NUGUID, RAMON T 1499 BEACON DRIVE KISSIMMEE, FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MARIA LUIS ARANETA 14731 GRAND COVE DRIVE ORLANDO, FLORIDA 32837	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NUGUID, JUDITH M 1499 BEACON DRIVE KISSIMMEE, FL 34746	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY REMEDIOS MARASIGAN 14823 TWIN MAPLE ST. HOUSTON, TX 77082	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] RAMON NUGUID 4/5/05 407 9337781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #