


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90096 022 ***150.00

DOCUMENT # P04000043565	
1. Entity Name HUBERT MORROW HOMECARE INC	

Principal Place of Business 2101 ROSEWOOD DR NEPTUNE BCH FL 32266	Mailing Address 2101 ROSEWOOD DR NEPTUNE BCH FL 32266
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2. Principal Place of Business 618 1/2 1ST ST	3. Mailing Address 618 1/2 1ST ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Neptune Beach FL	City & State Neptune Beach FL
Zip 32266	Zip 32266
Country DUAL	Country DUAL

4. FEI Number 20-0853358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORROW, HUBERT 2101 ROSEWOOD DR NEPTUNE BCH FL 32266	
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7. Name and Address of New Registered Agent	
Name Hubert T Morrow	
Street Address (P.O. Box Number is Not Acceptable) 618 1/2 1ST ST.	
City Neptune Beach	FL Zip Code 32266

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 Hubert T Morrow (owner)	DATE 4/21/05
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORROW, HUBERT		NAME Morrow, Hubert	
STREET ADDRESS 2101 ROSEWOOD DR		STREET ADDRESS 618 1/2 1ST ST.	
CITY-ST-ZIP NEPTUNE BCH FL 32266		CITY-ST-ZIP Neptune Beach FLA 32266	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE: Hubert T Morrow	DATE: 4/21/05	DAYTIME PHONE: 904-699-8389
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		