

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100030

Entity Name: SIGNATURE HOMECARE, INC.

FILED  
Jan 29, 2008  
Secretary of State

## Current Principal Place of Business:

5441 SW ORCHID BAY DR  
PALM CITY, FL 34990

## New Principal Place of Business:

## Current Mailing Address:

5441 SW ORCHID BAY DR  
PALM CITY, FL 34990

## New Mailing Address:

2293 SW MARTIN HWY PMB #244  
PALM CITY, FL 34990

FEI Number: 20-1376195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AHAL, CRAIG  
5441 SW ORCHID BAY DR  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

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:

Title: DPS ( ) Delete  
Name: AHAL, CRAIG  
Address: 5441 SW ORCHID BAY DR  
City-St-Zip: PALM CITY, FL 34990

Title: DVT ( ) Delete  
Name: YANCEY, PATRICK N  
Address: 4836 SW BERMUDA WAY  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: CRAIG ROBERT AHAL

DPS

01/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date