

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90019 030 ***150.00

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|---|---|---------|--|--|--|
| DOCUMENT # P04000123809 1. Entity Name K R BRANSON HOMECARE, INC. | | | | | |
| Principal Place of Business 23444 SHETLAND RUN BOCA RATON, FL 33433 | | | Mailing Address 23444 SHETLAND RUN BOCA RATON, FL 33433 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 20-1572033 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BRANSON, KAL 23444 SHETLAND RUN BOCA RATON, FL 33433 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D BRANSON, KAL 23444 SHETLAND RUN BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: 6/21/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT
50055071

K R Branson Homecare, Inc.
Kal R. Branson, President
23444 Shetland Run
Boca Raton, FL 33433

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find Document #P04000123809 2005 For Profit Corporation Annual Report. Enclosed is also a check for \$150.00. Although late in filing, we are asking for leniency with regards to the late fees. This paperwork was mistakenly filed with some other non-related documents and not noticed until now. We are a new corporation and this is our first year filing. Our desire is to always be compliant with governmental requirements and our intention is to be more diligent in the future. We are respectfully requesting that the late fees be waived in light of the fact that we are new to the process.

Your kind attention to this matter is greatly appreciated.

Sincerely,



Kal R. Branson
President