

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

05 NOV -7 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

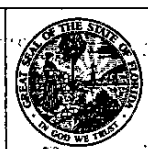


10282005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1867665 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P04000150552
1. Entity Name
MISAGO HOME CARE, INC.



Principal Place of Business
704 BRANCH DR
PT ORANGE, FL 32127

Mailing Address
704 BRANCH DR
PT ORANGE, FL 32127

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
MISAGO, LORIE A
704 BRANCH DR
PT ORANGE, FL 32127

7. Name and Address of New Registered Agent
Name
CLAVER MISAGO
Street Address (P.O. Box Number is Not Acceptable)
704 BRANCH DRIVE
City
PORT ORANGE FL Zip Code
32127

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 *Claver Misago* 10/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISAGO, LORIE A 704 BRANCH DR PT ORANGE, FL 32127	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MISAGO, CLAVER 704 BRANCH DR PT ORANGE, FL 32127	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director MISAGO, CLAVER 704 BRANCH DRIVE PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director VEAL, SYLVIA A. 704 BRANCH DRIVE PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *Claver Misago* 10/28/05 (888) 242-0051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Page Daytime Phone #

B. Mitchell NOV 7 2005