

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001538

Entity Name: HIGHLITE HOME CARE, INC.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

2511 NE 2ND STREET
POMPAÑO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

2511 NE 2ND STREET
POMPAÑO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-2102373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOON, SHAWN
2511 NE 2ND STREET
POMPAÑO BEACH, FL 33062 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: D () Delete
Name: KOON, SHAWN
Address: 2511 NE 2ND STREET
City-St-Zip: POMPAÑO BEACH, FL 33062

Title: D () Delete
Name: FREIRE, MARIE
Address: 2511 NE 2ND STREET
City-St-Zip: POMPAÑO BEACH, FL 33062

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: SHAWN KOON

D

01/16/2008

Electronic Signature of Signing Officer or Director

Date