2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2012
Secretary of State

DOCUMENT# P05000001538

Entity Name: HIGHLITE HOME CARE, INC.

Current Principal Place of Business:

5700 N FEDERAL HWY #2
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5700 N FEDERAL HWY #2
FT LAUDERDALE, FL 33308

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
POMPANO 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

OFFICERS AND DIRECTORS:

Title: D
Name: KOON, SHAWN
Address: 2511 NE 2ND STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: D
Name: SEAVEY, FLAVIA
Address: 292 S TRADEWINDS AVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D
Name: KOON, SHAWN
Address: 5700 N FED HWY #2
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D
Name: KOON, SHAWN
Address: 5700 N FED HWY #2
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D
Name: KOON, SHAWN
Address: 5700 N FED HWY #2
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D
Name: KOON, SHAWN
Address: 5700 N FED HWY #2
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: SHAWN KOON D 04/04/2012

Electronic Signature of Signing Officer or Director Date