2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000042486

Entity Name: HORIZON HOME MEDICAL EQUIPMENT & SUPPLY, INC.

Current Principal Place of Business:

621 POWELL DR
ALTAMONTE SPRINGS, FL 32806

New Principal Place of Business:

621 POWELL DR
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

621 POWELL DR
ALTAMONTE SPRINGS, FL 32806

New Mailing Address:

621 POWELL DR
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-2319064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JAMES T
621 POWELL DR
ALTAMONTE SPRINGS, FL 32806 US

Name and Address of New Registered Agent:

MOORE, JAMES T
621 POWELL DR
ALTAMONTE SPRINGS, FL 32701 US

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: JAMES T. MOORE 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLEMAN, ANTOINETTE D
Address: 2942 LAKE PINELOCH BLVD
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: MOORE, JAMES T
Address: 621 POWELL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32806

Title: D ( ) Delete
Name: MOORE, KIMBERLY J
Address: 621 POWELL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MOORE, JAMES T
Address: 621 POWELL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Change ( ) Addition
Name: MOORE, KIMBERLY J
Address: 621 POWELL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES T. MOORE D 05/01/2006
Electronic Signature of Signing Officer or Director Date