

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000058918

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** COMFORT CARE FAMILY HOME, INC.

**Current Principal Place of Business:**

108 BANYAN LANE  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

2402 SW SANTANA AVE.  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

108 BANYAN LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

2402 SW SANTANA AVE.  
PORT SAINT LUCIE, FL 34953

**FEI Number:** 27-0140078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNETT, MARCIA  
108 BANYAN LANE  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

BARNETT, MARCIA  
2402 SW SANTANA AVE.  
PORT SAINT LUCIE, FL 34953 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: MARCIA BARNETT

03/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARNETT, MARCIA  
Address: 2402 SW SANTANA AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD  
Name: BARNETT, SHAVASHA  
Address: 108 BANYAN LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: MARCIA BARNETT

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03/17/2010

Electronic Signature of Signing Officer or Director

Date