


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-12-2007 90069 032 ***150.00

DOCUMENT # P05000108745	
1. Entity Name CARE PLACEMENT HOME HEALTH AGENCY, INC.	

Principal Place of Business 1215 12TH STREET PALM HARBOR, FL 34683	Mailing Address P. O. BOX 956 CRYSTAL BEACH, FL 34681
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country



02282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3254984	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FANOVICH, RUTH P.O. BOX 956 CRYSTAL BEACH, FL 34681	

7. Name and Address of New Registered Agent	
Name FANOVICH, RUTH	
Street Address (P.O. Box Number is Not Acceptable)	
1215 12TH ST.	
City PALM HARBOR	FL Zip Code 34683

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FANOVICH, RUTH P. O. BOX 956 CRYSTAL BEACH, FL 34681 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____