

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010944

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** COMFORT CARE SERVICES, INC.

**Current Principal Place of Business:**

2601 EAST 33RD AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

2902 MOTTS COVE HOLLOW  
LAWRENCEVILLE, GA 30043 US

**New Mailing Address:**

FEI Number: 75-3207233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, LAWANDA M  
2601 EAST 33RD AVE  
TAMPA, FL 33610 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: CEO ( ) Delete  
Name: SMITH, LAWANDA M  
Address: 2902 MOTTS COVE HOLLOW  
City-St-Zip: LAWRENCEVILLE, GA 30043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LAWANDA SMITH

MRS.

01/20/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date