

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019760

Entity Name: J.C.N.H., INC.

FILED
Sep 10, 2007
Secretary of State

Current Principal Place of Business:

HOME INSTEAD SENIOR CARE
4400 BAYOU BLVD - STE 54B
PENSACOLA, FL 32503

New Principal Place of Business:

HOME INSTEAD SENIOR CARE
4300 BAYOU BLVD - STE 8
PENSACOLA, FL 32503

Current Mailing Address:

HOME INSTEAD SENIOR CARE
4400 BAYOU BLVD - STE 54B
PENSACOLA, FL 32503

New Mailing Address:

HOME INSTEAD SENIOR CARE
4300 BAYOU BLVD - STE 8
PENSACOLA, FL 32503

FEI Number: 20-4283887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, CARLETTE N
4400 BAYOU BLVD
STE 54B
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

HOWELL, CARLETTE N
4300 BAYOU BLVD
STE 8
PENSACOLA, FL 32503

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:

09/10/2007

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: HOWELL, CARLETTE N
Address: 4400 BAYOU BLVD - STE 54B
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWN (X) Change () Addition
Name: HOWELL, CARLETTE N
Address: 4300 BAYOU BLVD - STE 8
City-St-Zip: PENSACOLA, FL 32503

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: CARLETTE N. HOWELL

OWN

09/10/2007

Electronic Signature of Signing Officer or Director

Date