


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 021 ***150.00

DOCUMENT # P06000077957 1. Entity Name SOUTH BREVARD HOME CAREGIVERS, INC.					
Principal Place of Business 1316 PACE DRIVE, NW PALM BAY, FL 32907				Mailing Address 1316 PACE DRIVE, NW PALM BAY, FL 32907	
2. Principal Place of Business - No P.O. Box # 1101 W Hibiscus Blvd.		3. Mailing Address 1101 W Hibiscus Blvd.			
Suite, Apt. #, etc. Suite 209		Suite, Apt. #, etc. Suite 209			
City & State Melbourne, FL		City & State Melbourne, FL			
Zip 32901	Country	Zip 32901	Country	4. FEI Number 20-5071567	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, DIANA 1316 PACE DRIVE, NW PALM BAY, FL 32907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1101 W Hibiscus Blvd., Suite 209 Melbourne, FL 32901	
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: <u><i>Diana Williams</i></u> DATE: <u>3-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DIANA 1316 PACE DR., NW PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williams, Diana 1101 W Hibiscus Blvd., Suite 209 Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, STEVE 1316 PACE DR., NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T Williams, Steve 1101 W Hibiscus Blvd., Suite 209 Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILLIAMS, DIANA 1316 PACE DR., NW PALM BAY, FL 32907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/T Williams, Steve 1101 W Hibiscus Blvd., Suite 209 Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Diana Williams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-18-08</u> Daytime Phone #: <u>321-728-7747</u>		