


2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-19-2007 90066 037 ***150.00

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DOCUMENT # P06000135495					
1. Entity Name HIGHER QUALITY HOME HEALTH INC.					
Principal Place of Business 4337 WATERFORD LANDING DRIVE LUTZ FL 33558			Mailing Address P.O. BOX 273772 TAMPA FL 33688		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		1st MOORE CR2E034 (10/06)	
Zip		Country		4. FEI Number 030612229	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KINCHEN, KAY N 4337 WATERFORD LANDING DRIVE LUTZ FL 33558			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent (not file if applicable) (NOTE: Registered Agent signature required when re-registering) (DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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		
1111 NAME STREET ADDRESS CITY ST ZIP	DPST KINCHEN, KAY N 4337 WATERFORD LANDING DRIVE LUTZ FL 33558	<input type="checkbox"/> Delete	1111 NAME STREET ADDRESS CITY ST ZIP		<input 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 Section 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: _____			3-807		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		