

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028441

FILED
Apr 30, 2008
Secretary of State

Entity Name: PASCO COMMUNITY HOME CARE, INC.

Current Principal Place of Business:

12036 SUAVE LANE
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

12036 SUAVE LANE
HUDSON, FL 34669 US

New Mailing Address:

FEI Number: 20-8569413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, ROBERT J
13125 HICKS ROAD
HUDSON, FL 34669 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: PD () Delete
Name: GAMBINO, GAETANO
Address: 12036 SUAVE LANE
City-St-Zip: HUDSON, FL 34669 US

Title: VD () Delete
Name: RUDOLPH, ARLENE M
Address: 13209 WAGNER DRIVE
City-St-Zip: HUDSON, FL 34667 US

Title: SD () Delete
Name: GAMBINO, LOURDES
Address: 12036 SUAVE LANE
City-St-Zip: HUDSON, FL 34669 US

Title: TD () Delete
Name: MONTESANO, LINDA M
Address: 13209 WAGNER DRIVE
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA M MONTESANO

TD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date