## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 13, 2008 8:00 am Secretary of State **DOCUMENT # P07000039936** 02-13-2008 90026 029 \*\*\*150.00 ADCON HOME CARE INC Principal Place of Business Mailing Address 1439 SE 15TH STREET 1439 SE 15TH STREET CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01052008 Cha-P Applied For City & State City & State 4. FEI Number 20-8804859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORIA, ESTELA Street Address (P.O. Box Number is Not Acceptable) 1439 SE 15TH STREET CAPE CORAL, FL 33990 City 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. UR1s Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITL F Channe TITLE ORIA, ESTELA NAME STREET ADDRESS 1439 SE 15TH STREET STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition ORIA, CONRAD NAME NAME STREET ADDRESS **1439 SE 15TH STREET** STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-7IP CITY-ST-71P TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1m F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Сhange Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 1 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 attactormed with an address, with all other like empowered.

CER OR DIRECTOR

**FILED**