2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2008
Secretary of State

DOCUMENT# P07000078984

Entity Name: K&B HOME CARE SERVICES & PRIVATE NURSING, INC

Current Principal Place of Business:

1120 HOMESTEAD ROAD NORTH
103
LEHIGH ACRES, FL 33936

New Principal Place of Business:

3675 BROADWAY
M4
FORT MYERS, FL 33901

Current Mailing Address:

1120 HOMESTEAD ROAD NORTH
103
LEHIGH ACRES, FL 33936

New Mailing Address:

3675 BROADWAY
M4
FORT MYERS, FL 33901

FEI Number: 26-0512475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HJP FINANCIAL SERVICES INC
4458 CLEVELAND AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

HJP FINANCIAL SERVICES INC
4460 CLEVELAND AVENUE
E
FORT MYERS, FL 33901 US

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: HERVE JEAN-PIERRE 09/14/2008
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: P ( ) Delete
Name: RUE, CYNTHIA D
Address: 1120 HOMESTEAD ROAD NORTH
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP (X) Delete
Name: FRANCIS, EARTHA
Address: 1120 HOMESTEAD ROAD NORTH
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: LISA, LAWRENCE
Address: 3675 BROADWAY APT M4
City-St-Zip: FORT MYERS, FL 33901 US

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: LISA LAWRENCE VP 09/14/2008
Electronic Signature of Signing Officer or Director Date