[redacted]
07-11-2008 90016 025 ***150.00

FILED P07000088737
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 PM 12:02

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000088737

1. Entity Name
PINELLAS HOME CARE, INC.

66015807

07082008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1308 NORMANDY CIRCLE PALM HARBOR, FL 34683	1308 NORMANDY CIRCLE PALM HARBOR, FL 34683

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 26-0640027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, DEBRA J 1308 NORMANDY CIRCLE PALM HARBOR, FL 34683	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: Debra J. Martin 7-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, DEBRA J 1308 NORMANDY CIRCLE PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN, JESSICA E 1308 NORMANDY CIRCLE PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 11/14/08 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Debra J. Martin Debra J. Martin 7-10-08 727-953-7879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nov. 13, 2008

To whom it may concern,

On July 10, 2008, I mailed in the appropriate documents, along with a check for $150.00 to the State of Florida. On the first notice, the FEI number was missing a digit and had to be re-sent. The check I sent had been cashed and I received no further notifications until the 'notice of Dissolution or Revocation'. Please waive any late fees.

FEI # 26-0640607

Thank you,

Jessica Martin

Jessica Martin

Pinellas Home Care, Inc.
1308 Normandy Cir.
Palm Harbor, FL 34683
727-953-7879