

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000105098

Entity Name: FLORI HOME CARE, INC.

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2675 TREANOR TERRACE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2675 TREANOR TERRACE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GENEVE, MARC  
2675 TREANOR TERRACE  
WELLINGTON, FL 33414 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: P  
Name: GENEVE, JEAN-MARC  
Address: 2675 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: S  
Name: GENEVE, MELIANE B  
Address: 2675 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VPT  
Name: GENEVE, MARC  
Address: 2675 TREANOR TERRACE  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby 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 all other like empowered.

SIGNATURE: JEAN-MARC GENEVE

P

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date