

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079689

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMERICAN HOME CARE GROUP, INC.

Current Principal Place of Business:

140 S. BEACH ST.
#2205
DAYTONA BEACH, FL 32114

New Principal Place of Business:

195 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

1201 1ST. STREET N
UNIT 1004
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

195 SOLANO CAY CIRCLE
PONTE VEDRA BEACH, FL 32082

FEI Number: 26-3808925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REESE, HEATHER
1201 1ST. STREET N.
UNIT 1004
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

REESE, HEATHER
195 SOLANO CAY
PONTE VEDRA BEACH, FL 32082 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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REESE, HEATHER
Address: 1201 1ST. STREET N. UNIT 1004
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Delete
Name: REESE, WILLIAM
Address: 1201 1ST. STREET N. UNIT 1004
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: REESE, HEATHER
Address: 195 SOLANO CAY CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: HEATHER REESE

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date