

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000096458

Entity Name: LOYALTY HOME CARE, INC.

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5421 BEAUMONT CENTER BLVD  
685  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

7853 GUNN HIGHWAY 234  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 80-0664434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HUMPHRIES, GARLAND C  
5421 BEAUMONT CENTER BLVD  
685  
TAMPA, FL 33634 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HUMPHRIES, GARLAND C  
Address: 5421 BEAUMONT CENTER BLVD SUITE 685  
City-St-Zip: TAMPA, FL 33634 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: GARLAND HUMPHRIES

CEO

01/28/2012

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

\_\_\_\_\_  
Date