

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019592

Entity Name: GARY'S HOME CARE, INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

1705 MORNING MIST CIRCLE
PENSACOLA, FL 32526 US

New Principal Place of Business:

7111 N. BLUE ANGEL PKWY.
APT. 7306
PENSACOLA, FL 32526 US

Current Mailing Address:

1705 MORNING MIST CIRCLE
PENSACOLA, FL 32526 US

New Mailing Address:

7111 N. BLUE ANGEL PKWY.
APT. 7306
PENSACOLA, FL 32526 US

FEI Number: 59-3231719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRINGTON, WANDA
6039 SPANISH OAK DR
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

HERRINGTON, WANDA
7111 N. BLUE ANGEL PKWY.
APT. 7306
PENSACOLA, FL 32526 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:

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERRINGTON, GARY L SR
Address: 1705 MORNING MIST CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: VP () Delete
Name: HERRINGTON, WANDA
Address: 1705 MORNING MIST CIRCLE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERRINGTON, GARY L SR
Address: 7111 N. BLUE ANGEL PKWY. APT 7306
City-St-Zip: PENSACOLA, FL 32526

Title: VP (X) Change () Addition
Name: HERRINGTON, WANDA
Address: 7111 N. BLUE ANGEL PKWY. APT. 7306
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the 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: WANDA HERRINGTON

VP

02/15/2006

Electronic Signature of Signing Officer or Director

Date