

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90139 015 ***150.00

DOCUMENT # P95000082448 1. Entity Name COMFORT HOME HEALTH AGENCY, INC.					
Principal Place of Business 1655 CURLEW ROAD PALM HARBOR, FL 34683 US			Mailing Address 1655 CURLEW ROAD PALM HARBOR, FL 34683 US		
2. Principal Place of Business <i>3515 Palm Harbor Blvd</i>		3. Mailing Address <i>3515 Palm Harbor Blvd</i>			
Suite, Apt. #, etc. <i>Suite A</i>		Suite, Apt. #, etc. <i>Suite A</i>		03292005 Chg-P CR2E034 (10/03)	
City & State <i>Palm Harbor, FL</i>		City & State <i>Palm Harbor, FL</i>		4. FEI Number 59-3347382	
Zip <i>34683</i> Country		Zip <i>34683</i> Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARDELEON, EMELITA M 1655 CURLEW ROAD PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3515 Palm Harbor Blvd</i> <i>Suite A</i> City <i>Palm Harbor</i> FL Zip Code <i>34683</i>	
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 <i>[Signature]</i> DATE <i>4/7/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VARDELEON, EMELITA M 1655 CURLOW ROAD PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>3515 Palm Harbor Blvd, Suite A</i> <i>Palm Harbor, FL 34683</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> Date <i>7/27/05</i> Daytime Phone # <i>786-5850</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					