

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000010752

1. Entity Name
 OAKFAIR HOME CARE, INC.



Principal Place of Business
 797 CARISSA DRIVE
 ROYAL PALM BEACH, FL 33411

Mailing Address
 797 CARISSA DRIVE
 ROYAL PALM BEACH, FL 33411



05012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0647861 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIR, PHILLIP
 797 CARISSA DRIVE
 ROYAL PALM BEACH, FL 33411

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	FAIR, ROBIN M
STREET ADDRESS	796 CARISSA DR
CITY-ST-ZIP	ROYAL PALM BEACH, FL
TITLE	D
NAME	DANIEL MARK FAIR
STREET ADDRESS	650 SW RAY AVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	DCT
NAME	FAIR, AARON J
STREET ADDRESS	797 CARISSA DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/05-80042-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Philip J. Fair - Philip J. Fair
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 #561-252-3921
 Date Daytime Phone #