

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010752

Entity Name: OAKFAIR HOME CARE, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

797 CARISSA DRIVE  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

797 CARISSA DRIVE  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 65-0647861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FAIR, PHILIP J  
797 CARISSA DRIVE  
ROYAL PALM BEACH, FL 33411 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: PHILIP JAMES FAIR

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: FAIR, ROBIN M  
Address: 796 CARISSA DR  
City-St-Zip: ROYAL PALM BEACH, FL

Title: D ( ) Delete  
Name: DANIEL MARK FAIR,  
Address: 650 SW RAY AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DCT ( ) Delete  
Name: FAIR, AARON J  
Address: 797 CARISSA DRIVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBIN M FAIR

ST

04/30/2007

Electronic Signature of Signing Officer or Director

Date