


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|-------------------------------------|----------------|--|---|---------|
| DOCUMENT # P96000059306 | | | |  | |
| 1. Entity Name CITY HOME CARE, INC. | | | | | |
| Principal Place of Business 238 W FIRST COURT KEY LARGO FL 33037 US | | | Mailing Address PO BOX 370182 KEY LARGO FL 33037 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent PETIT, LAZARO F 238 W FIRST COURT KEY LARGO FL 33037 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 re-registering] DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing / Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | PETIT, LAZARO F | NAME | | U00000412673 | |
| STREET ADDRESS | 238 W FIRST COURT | STREET ADDRESS | | 02/10/06-80055-011 155.00 | |
| CITY-ST-ZIP | KEY LARGO FL | CITY-ST-ZIP | | | |
| TITLE | VP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | PETIT, ANA | NAME | | | |
| STREET ADDRESS | 238 W FIRST COURT | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEY LARGO FL | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0685431** Applied For Not Applied For

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

FL Zip Code

9. Election Campaign Financing / Trust Fund Contribution. **\$5.00** May be Added to Fees

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|----------------------------|-------------------------------------|---|--|
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ Date: _____

1-25-06