


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90017 010 \*\*\*158.75

**DOCUMENT # P97000007703**

1. Entity Name  
GUARDIAN ANGEL HOME COMPANION SERVICE, INC.



Principal Place of Business  
8 TANGERINE ROAD  
YALAH, FL 34797

Mailing Address  
8 TANGERINE ROAD  
YALAH, FL 34797

2. Principal Place of Business - No P.O. Box #  
8 TANGERINE RD  
Suite, Apt. #, etc.  
YALAH  
City & State  
FLORIDA  
Zip  
34797 Country  
LAKE

3. Mailing Address  
RD  
Suite, Apt. #, etc.  
City & State  
City  
Zip  
Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3432516

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WITSMAN, EZRA R  
138 E. CENTRAL AVENUE  
HOWY IN THE HILLS, FL 34737  
Judith Russo

7. Name and Address of New Registered Agent  
Name  
Judith Russo  
Street Address (P.O. Box Number is Not Acceptable)  
8 Tangerine Rd  
Yalaha FL 34797  
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: Judith Russo  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	D RUSSO, JUDITH 8 TANGERINE ROAD YALAH, FL 34797 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Judith Russo  
Signature and typed or printed name of signing officer or director

4/6/07  
Date

Mo. 352-324-4077  
H. 352-324-7690  
Daytime Phone #