2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P97000015781

Entity Name: ADVANTAGE HOME MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

605 HIGHWAY 41 NW
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 369
JASPER, FL 32052

New Mailing Address:

FEI Number: 59-3441440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUTLER, WILLIE I
1309 PLUM STREET
JENNINGS, FL 32053 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUTLER, WILLIE I
Address: 1309 PLUM STREET
City-St-Zip: JENNINGS, FL 32053

Title: S/T ( ) Delete
Name: BUTLER, SUE
Address: HWY 129 S.
City-St-Zip: STATEVILLE, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WILLIE I. BUTLER P 03/02/2007

Electronic Signature of Signing Officer or Director Date