

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000057612

FILED
Mar 31, 2009
Secretary of State

Entity Name: TRUST HOME MEDICAL EQUIPMENT AND SUPPLY, INC.

Current Principal Place of Business:

9311 SW STATE RD. 200
BLDG. 2, UNIT 203
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

9311 SW STATE RD. 200
BLDG. 2, UNIT 203
OCALA, FL 34481

New Mailing Address:

FEI Number: 59-3456334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNTON, JEANNE M P
6185 SE 46 AVE RD
STE. 10
OCALA, FL 34480 US

Name and Address of New Registered Agent:

THORNTON, JEANNE M P
6185 SE 46 AVE RD
OCALA, FL 34480 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:

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THORNTON, JEANNE M
Address: 6185 SE 46 AVE RD
City-St-Zip: OCALA, FL 34480

Title: VP () Delete
Name: THORNTON, ANTHONY M
Address: 8064 SW 108TH STREET
City-St-Zip: OCALA, FL 34481

Title: SEC () Delete
Name: THORNTON, JEANNE M
Address: 6185 SE 46 AVE. RD.
City-St-Zip: OCALA, FL 34480

Title: DIR () Delete
Name: PIKE, TIMOTHY F
Address: 14220 GRAMATAN AVE
City-St-Zip: CLEVELAND, OH 44111

Title: DIR () Delete
Name: THORNTON, ANTHONY M
Address: 8064 SW 108TH STREET
City-St-Zip: OCALA, FL 34481

Title: DIR () Delete
Name: THORNTON, ANTHONY J
Address: 7225 SUNSET AVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: THORNTON, ANTHONY M
Address: 2350 SW 5TH CRT., APT. 3
City-St-Zip: OCALA, FL 34471

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

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: ANTHONY M THORNTON

DIR

03/31/2009

Electronic Signature of Signing Officer or Director

Date