

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080681

FILED
Mar 05, 2005
Secretary of State

Entity Name: CARRINGTON HOME CARE, INC.

Current Principal Place of Business:

1429 ALWYNNE DR.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

206 KINGSTON STREET
LEHIGH ACRES, FL 33972

Current Mailing Address:

1429 ALWYNNE DR.
LEHIGH ACRES, FL 33936

New Mailing Address:

206 KINGSTON STREET
LEHIGH ACRES, FL 33972

FEI Number: 65-0788820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, RICHARD M
2122 VICTORIA AVE.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

CARRINGTON, VALERIE M
206 KINGSTON STREET
LEHIGH ACRES, FL 33972 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: VALERIE CARRINGTON

03/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARRINGTON, VALERIE
Address: 218 EAGLESMERE DR.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: AST () Delete
Name: JOHNSON, CHRISTINE
Address: 802 E 3RD STREET
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CARRINGTON, VALERIE
Address: 206 KINGSTON STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: AST (X) Change () Addition
Name: JOHNSON, CHRISTINE
Address: 321 LINCOLN STREET
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VALERIE CARRINGTON

P D

03/05/2005

Electronic Signature of Signing Officer or Director

Date