

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003281

FILED  
Mar 21, 2007  
Secretary of State

Entity Name: AS YOU LIKE IT HOUSEKEEPING REFERRAL AGENCY, INC.

**Current Principal Place of Business:**

9951 ATLANTIC BLVD., #242  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

337 JACKSONVILLE DR.  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

9951 ATLANTIC BLVD., #242  
JACKSONVILLE, FL 32225

**New Mailing Address:**

337 JACKSONVILLE DR.  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3483988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LONANNECHE, DAVID  
9951 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

LONGANECKER, DAVID  
337 JACKSONVILLE DR.  
JACKSONVILLE BEACH, FL 32250 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: DAVID LONGANECKER

03/21/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LONGANECKER, DAVID K  
Address: 1149 SANDPIPER LANE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D ( ) Delete  
Name: LONGANECKER, MELISSA S  
Address: 1149 SANDPIPER LANE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233

**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 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: MELISSA LONGANECKER

VP

03/21/2007

Electronic Signature of Signing Officer or Director

Date