2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2004 8:00 am Secretary of State **DOCUMENT # P98000004593** 1. Entity Name 03-17-2004 90009 006 ***150.00 VIRGINIA'S COMPANION CARE, INC. Principal Place of Business Mailing Address 39650 US HWY 19 N 39650 US HWY 19 N #215 TARPON SPRINGS FL 3468 TARPON SPRINGS FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3498032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33761__ 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PSTD** Delete TITLE Change Addition WHITEHEAD, VIRGINIA F NAME NAME 3290 MCMULLEN BOOTH ROAD STREET ADDRESS STREET ADDRESS CLEARWATER FL-33761 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAR#F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change □ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

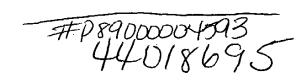
FILED

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Usquing Life to A Printed NAME OF SIGNING OFFICER OR DIRECTOR 3/15/64 727-937-9799

SIGNATURE: Date Date Daytime Phone

attachment



3/15/04

| Change of address |
|--------------------------------------------------------|
| - Change of address From: Virginia Whitelead |
| 3290 Mc Mallen Booth Rd |
| Cleanvater, Fla. 33761 |
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| To: 39650 US HWY 19 N#215 |
| To: 39650 US HWY 19 N#215 Tapon Springs, Fla: 34689 |
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| Thank you Virginia Whitelead |
| Juginia Whitelead |
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