

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000023436

1. Entity Name
E B HOME HEALTH CARE INC



Principal Place of Business
**185 ANTOFAGASTA ST
PUNTA GORDA, FL 33983**

Mailing Address
**185 ANTOFAGASTA ST
PUNTA GORDA, FL 33983**



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0822708

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HURT, EVE K
185 ANTOFAGASTA ST
PUNTA GORDA, FL 33983**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCTS
HURT, EVA K
185 ANTOFAGASTA STREET
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCM
HURT, EVA K
185 ANTOFAGASTA STREET
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HURT, BRUCE R
185 ANTOFAGASTA STREET
PUNTA GORDA, FL 33983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000639144
02/28/07-80013-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Eva K Hurt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07
Date

941-255-3128
Daytime Phone #