


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90104 032 ***150.00

DOCUMENT # P98000060484					
1. Entity Name ABSENTEE HOMECARE, INC.					
Principal Place of Business 2028 PINE ISLE LANE NAPLES, FL 34112 US			Mailing Address PO BOX 1879 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business - No P.O. Box # 3624 KENT DRIVE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FLORIDA		City & State		4. FEI Number 59-3524676	
Zip 34112		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEISCHMANN, DOUGLAS F 2028 PINE ISLE LANE NAPLES, FL 34112			7. Name and Address of New Registered Agent Name <u>DOUGLAS F. FLEISCHMANN</u> Street Address (P.O. Box Number is Not Acceptable) <u>3624 KENT DRIVE</u> City <u>NAPLES</u> <u>FL</u> Zip Code <u>34112</u>		
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 <u>Douglas Fleischmann</u> <u>Douglas FLEISCHMANN</u> <u>4-18-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FLEISCHMANN, DOUGLAS STREET ADDRESS 2028 PINE ISLE LANE CITY - ST - ZIP NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3624 KENT DRIVE CITY - ST - ZIP NAPLES, FLORIDA 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MITCHELL, INGRID STREET ADDRESS 2028 PINE ISLE LANE CITY - ST - ZIP NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3624 KENT DRIVE CITY - ST - ZIP NAPLES, FLORIDA 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Douglas Fleischmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-18-08</u> <small>Date</small>		<u>239-642-7888</u> <small>Daytime Phone #</small>