~~2007~~ 2008 **FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Jun 04, 2008 8:00 am
Secretary of State
06-04-2008 90009 044 ***150.00

DOCUMENT # V17242

1. Entity Name
TARVER'S HOME CARE, INC.

Principal Place of Business	Mailing Address
99 CAMP CREEK RD S PANAMA CITY BEACH FL 32413 US	99 CAMP CREEK RD S PANAMA CITY BCH. FL 32413 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3103382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TARVER, LINDA F.
99 CAMP CREEK RD. S.
PANAMA CITY BEACH FL 32413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	TARVER, JOSEPH C	
STREET ADDRESS	99 CAMP CREEK RD S	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	☐ Delete
NAME	TARVER, LINDA F	
STREET ADDRESS	99 CAMP CREEK RD S	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ~~Linda Tarver~~ Linda Tarver ~~3-2-07~~ 850-231-52
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda Tarver Linda Tarver 5-1-08 850-231-5295

ATTACHMENT

40107809

V17242

Ms. Linda Tarver

5-1-08

To Whom It May Concern,

I never received a 2008 Annual Report, so I am submitting a copy of 2007's report along with my check. Thank you for your attention to this matter.

Linda Tarver

Photo by Craig R. Sholley