

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90396 047 \*\*\*150.00

**DOCUMENT # P04000130564**

1. Entity Name  
PINNACLE HOME CARE OF SPRINGHILL, INC.



Principal Place of Business  
5330 SPRINGHILL DRIVE STE G  
SPRINGHILL, FL 34606

Mailing Address  
5330 SPRINGHILL DRIVE STE G  
SPRINGHILL, FL 34606

**50038854**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
42-1651197

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORTHINGTON, PAUL M  
8233 AQUILA STREET  
PORT RICHEY, FL 34668

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: Paul Worthington  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/05  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WORTHINGTON, PAUL M  
STREET ADDRESS 8223 AQUILA STREET  
CITY - ST - ZIP PORT RICHEY, FL 34668

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

TITLE D ☐ Delete  
NAME WORTHINGTON, VIVIANNE  
STREET ADDRESS 8223 AQUILA STREET  
CITY - ST - ZIP PORT RICHEY, FL 34668

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

TITLE D ☐ Delete  
NAME PAGE, RACHAEL  
STREET ADDRESS 12120 WINDRIVE LANE  
CITY - ST - ZIP HUDSON, FL 34667

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

TITLE D ☐ Delete  
NAME DONALDSON, SHANE  
STREET ADDRESS 12120 WINDRIVE LANE  
CITY - ST - ZIP HUDSON, FL 34667

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
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 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: Paul Worthington PAUL WORTHINGTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05  
Date

727-457-5179  
Daytime Phone #