2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000004045

1. Entity Name
THE HOME SERVICE STORE, INC.

Principal Place of Business	Mailing Address
80 WEST ST SUITE 104 RUTLAND, VT 05701	80 WEST ST SUITE 104 RUTLAND, VT 05701

04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0364810
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CEO
NAME	ILDERTON, MARK
STREET ADDRESS	1701 BARRETT LAKES BLVD., STE 220
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	CFO
NAME	PIERCE, DEAN
STREET ADDRESS	80 WEST STREET, STE 104
CITY-ST-ZIP	RUTLAND, VT 05701
TITLE	VP
NAME	TURNER, MICHAEL K
STREET ADDRESS	1701 BARRETT LAKES BLVD., STE 220
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	CONT
NAME	STROM-OLSON, ALF
STREET ADDRESS	80 WEST STREET, STE 104
CITY-ST-ZIP	RUTLAND, VT 05701
TITLE	SVP
NAME	REMM, ANDREW
STREET ADDRESS	1701 BARRETT LAKES BLVD, STE 220
CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	VP
NAME	KEIFER, ANDREW
STREET ADDRESS	1701 BARRETT LAKES BLVD., STE 220
CITY-ST-ZIP	KENNESAW, GA 30144

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05/03/05-80118-009 150.00

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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: Dean Pierce 4/29/05 801-786-6815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #