

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110472

FILED
Jul 02, 2007
Secretary of State

Entity Name: BILL'S HOME REPAIR SPECIALIST, INC.

Current Principal Place of Business:

PO BOX 129
ROCKWOOD, MI 481730129

New Principal Place of Business:

4206 CASCADE FALL DR
SARASOTA, MI 34243

Current Mailing Address:

PO BOX 129
ROCKWOOD, MI 481730129

New Mailing Address:

FEI Number: 20-3256493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGNO, THOMAS
4206 CASCADE FALL DR
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

PUGNO, THOMAS
4206 CASCADE FALL DR
SARASOTA, FL 34243 US

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.

SIGNATURE: THOMAS PUGNO

07/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEZOTTE, WILLIAM E
Address: 4206 CASCADE FALL DR
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEZOTTE, WILLIAM E
Address: 4206 CASCADE FALL DR
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PUGNO

RA

07/02/2007

Electronic Signature of Signing Officer or Director

Date