


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90435 038 ***150.00

DOCUMENT # P06000053257					
1. Entity Name AL & ZENS'S HOME MAINTENANCE, INC.					
Principal Place of Business 1312 MARKLEY DR LARGO, FL 33770		Mailing Address 1312 MARKLEY DR LARGO, FL 33770			
2. Principal Place of Business - No P O Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc		04192007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 204710799	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRECHETTE, ALAN L 1312 MARKLEY DR LARGO, FL 33770			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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCHETTE, ALAN L	NAME			
STREET ADDRESS	1312 MARKLEY DR	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33770	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANCHETTE, ZENAIDE	NAME			
STREET ADDRESS	1312 MARKLEY DR	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33770	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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>Alan Franchette</u>		Date: <u>4/26/07</u>		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Alan L. Franchette</u>					