


**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 <b>204710799</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
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				
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STREET ADDRESS	1312 MARKLEY DR	STREET ADDRESS					
CITY-ST-ZIP	LARGO, FL 33770	CITY-ST-ZIP					
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STREET ADDRESS		STREET ADDRESS					
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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>		Pres		4/26/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Alan L. Franchette		Date Daytime Phone #			