## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Aug 04, 2008 8:00 am Secretary of State DOCUMENT # P06000079083 08-04-2008 90031 037 \*\*\*158.75 HOME EXTERIOR SOLUTIONS, INC UUU 4 V A - -Principal Place of Business Mailing Address 1687 BADEN POWELL ROAD P 0 B0X 224 MELROSE, FL 32666 HAWTHORNE, FL 32640 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07302008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4998857 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, JOHN C Street Address (P.O. Box Number is Not Acceptable) 1687 BADEN POWELL ROAD HAWTHORNE, FL 32640 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. П Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition THOMPSON, JOHN C NAME NAME 1687 BADEN POWELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HAWTHORNE, FL 32640 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change \* Addition NAME NAME BAdon Bwell Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete ☐ Change TITLE ☐ Addition TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CTTY-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

OFFICER OR DIRECTOR