

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90053 002 \*\*\*158.75



**DOCUMENT # P06000080264**  
 1. Entity Name  
**FRANK RICCI'S HOME SERVICES, INC.**

Principal Place of Business  
 6553 GULF GATE PLACE APT.  
 # 343  
 SARASOTA FL 34231  
 US

Mailing Address *NEW MAILING ADDRESS*  
 6553 GULF GATE PLACE APT.  
 # 343  
 SARASOTA FL 34231 *P.O. BOX 21951*  
 US *SARASOTA FL. 34236*



2. Principal Place of Business - No P.O. Box #  
~~1717 RITA ST~~  
 Suite, Apt. #, etc.  
**House**

3. Mailing Address  
**P.O. BOX 21951**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**SARASOTA FL.**

City & State  
**SARASOTA FL.**

4. FEI Number  
**753217224**

Applied For  
 Not Applicable

Zip Country  
**34231 U.S.A.**

Zip Country  
**34236 U.S.A.**

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

6. Name and Address of Current Registered Agent  
**RICCI, FRANK**  
**6553 GULF GATE PLACE APT.**  
**# 343**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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: *Frank A. Ricci* (NOTE: Registered Agent signature required when re-registering) DATE: *April 6, 2007*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST RICCI, FRANK 6553 GULF GATE PLACE APT. # 343 SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICCI, FRANK 6553 GULF GATE PLACE APT. # 343 SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank A. Ricci* DATE: *April 6, 2007* DAYTIME PHONE #: *9415872690*