2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P96000000186

Entity Name: COMPLETE PROPERTY SERVICES, INC.

Current Principal Place of Business:

140 S PINE AVENUE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

140 S PINE AVENUE
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3376883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRUEGER, ANGELA
140 S PINE AVENUE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: KRUEGER, RICHARD K
Address: 2321 SPICEWOOD CT
City-St-Zip: DUNEDIN, FL 34698

Title: PD ( ) Delete
Name: GATTI, HANK
Address: 6444 SUMMERFIELD LOOP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete
Name: KRUEGER, ANGELA
Address: 2321 SPICEWOOD CT
City-St-Zip: DUNEDIN, FL 34698

Title: TD (X) Delete
Name: DAVICH, GERARD W
Address: 19627 GULF BLVD., #301
City-St-Zip: INDIAN SHORES, FL 33785

Title: VPD ( ) Delete
Name: KRUEGER, MICHAEL H
Address: 556 HOLLOWTREE PLACE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELA KRUEGER SD 01/03/2005

Electronic Signature of Signing Officer or Director — Date