2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90015 024 ***150.00

04U66004

MOORE CR2E034 (11/03)

DOCUMENT # P98000099670

1. Entity Name
HOME PICKUP SERVICE, INC.

Principal Place of Business	Mailing Address
6018 SW 18TH STREET SUITE C-6 BOCA RATON FL 33433-7163	6018 SW 18TH STREET SUITE C-6 BOCA RATON FL 33433-7163

2. Principal Place of Business	3. Mailing Address
6018 SW 18th St	SAME
Suite, Apt. #, etc. C-6	Suite, Apt. #, etc.
City & State Boca Raton. Fl	City & State
Zip 33433 Country USA	Zip Country

4. FEI Number 65-0878044 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROOT, JONATHAN 1200 NORTH FEDERAL HIGHWAY 301 BOCA RATON FL 33432	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINO, GEORGETTE R 6018 SW 18TH STREET STE C-6 BOCA RATON FL 33433-7163 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINO, EDWARD F 6018 SW 18TH STREET STE C-6 BOCA RATON FL 33433-7163 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Georgette Reino GEORGETTE REINO 2/2/04 561-361-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #