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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043487

1. Corporation Name

HOME SERVICES & MANAGEMENT, INC.



Principal Place of Business Mailing Address
17274 SAN CARLOS BLVD. 17274 SAN CARLOS BLVD.
207 207
FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 9948 Las Casas Drive		05/16/1997	
22 City & State		27 Fort Myers, FL		4. FEI Number	
23 Zip		28 33919 Lee		NOT APPLICABLE	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
GILBERT, CHRISTIAN W				<input type="checkbox"/> \$8.75 Additional Fee Required	
17274 SAN CARLOS BLVD.				6. Election Campaign Financing	
#207				<input type="checkbox"/> \$5.00 May Be Added to Fees	
FORT MYERS BEACH FL 33931				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	GILBERT, CHRISTIAN W	1.2 NAME	
STREET ADDRESS	17274 SAN CARLOS BLVD., #207	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	GILBERT, LIANE	2.2 NAME	
STREET ADDRESS	17274 SAN CARLOS BLVD., #207	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christian W. Gilbert 4/9/99 941-454-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)