

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 030 ***150.00

DOCUMENT # G28548

1. Entity Name

RESIDENTS' HOME SERVICES, INC.



Principal Place of Business

13 PAR CLUB CIR.
VILLAGE OF GOLF FL 33436
US

Mailing Address

13 PAR CLUB CIR.
VILLAGE OF GOLF FL 33436
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2278485

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

BALLERANO, JAMES A JR.
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483-7203

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, 2005 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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	LUGAR, WILLIAM A	
STREET ADDRESS	10 PAR CLUB CIRCLE	
CITY-ST-ZIP	VILLAGE OF GOLF FL 33436	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEST, BARBARA	
STREET ADDRESS	9 PAR CLUB CIRCLE	
CITY-ST-ZIP	VILLAGE OF GOLF FL 33436	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLUNT, JOHN J	
STREET ADDRESS	3 PINE LANE EAST	
CITY-ST-ZIP	VILLAGE OF GOLF FL 33436	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	MUSE, KAREN	
STREET ADDRESS	31 COUNTRY ROAD SOUTH	
CITY-ST-ZIP	VILLAGE OF GOLF FL 33436	
TITLE	MBD	<input type="checkbox"/> Delete
NAME	SPENGLER, WILLIAM F	
STREET ADDRESS	5 PAR CLUB CIRCLE	
CITY-ST-ZIP	VILLAGE OF GOLF FL 33436	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNER, DAVID B	
STREET ADDRESS	4826 NW 102ND AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRAM DICKES	
STREET ADDRESS	26 COUNTRY RD	
CITY-ST-ZIP	VILLAGE OF GOLF, FL 33436	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM LYNCH	
STREET ADDRESS	28 COUNTRY RD	
CITY-ST-ZIP	VILLAGE OF GOLF, FL 33436	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES GARARD	
STREET ADDRESS	5 PARK PLACE	
CITY-ST-ZIP	VILLAGE OF GOLF, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

50021771



1st MOORE

CR2E034 (10/04)

Feb 18, 2005