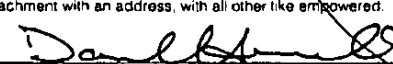


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-17-2006 90129 032 ***150.00

DOCUMENT # 171271					
1. Entity Name HOME SERVICE COMPANY OF MIMS					
Principal Place of Business 3209 US #1 MIMS, FL 32754			Mailing Address 3209 US #1 MIMS, FL 32754		
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 05-9606283	
				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		
VENUTI, LOUIS 400 ORANGE ST. TITUSVILLE, FL 32796			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUDICK, DAVID C		NAME		
STREET ADDRESS	3209 US 1		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUDICK, BETTY J.		NAME		
STREET ADDRESS	3209 US 1		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 00000		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUDICK, CHARLES J.		NAME		
STREET ADDRESS	3209 US 1		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 00000		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUDICK, DAVID C JR		NAME		
STREET ADDRESS	175 TIM TAM CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUDICK, TIMOTHY J		NAME		
STREET ADDRESS	175 TIM TAM CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	HUDICK, LINDA	
STREET ADDRESS			STREET ADDRESS	175 TIM TAM CT	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE MARY FL 32746	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		Date: 3-15-06		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					