


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 552453</b><br>1. Entity Name<br><b>AMERICAN HOME SERVICES, INC.</b> |  |
|---|---|

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|--|--|
| Principal Place of Business<br><b>4903 ST RD 54<br/>NEW PORT RICHEY, FL 34652 US</b> | Mailing Address<br><b>4903 ST RD 54<br/>NEW PORT RICHEY, FL 34652 US</b> |
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**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| 4. FEI Number<br><b>59-1777502</b>                                   | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

6. Name and Address of Current Registered Agent

**L'HEUREUX, GERARD  
4903 ST RD 54  
NEW PORT RICHEY, FL 34652**

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IN THIS SPACE**

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)

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>000000750172</b><br><b>01/23/08-80023-019 158.75</b> |
|---|--|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>L'HEUREUX, GERARD<br>4903 ST RD 54<br>NEW PORT RICHEY, FL 34652  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>L'HEUREUX, MICHAEL<br>4903 ST RD 54<br>NEW PORT RICHEY, FL 34652 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
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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:**  **1-16-08** **727-849-0223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #