


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 672671</b>							
1. Entity Name <b>AL &amp; PHIL'S HOME SERVICES, INC.</b>							
Principal Place of Business <b>110 WEST PALM AVENUE LAKE WORTH FL 33467</b>		Mailing Address <b>110 WEST PALM AVENUE LAKE WORTH FL 33467</b>					
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 <b>59-2008120</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>MANCUSI, PHILLIP</b> <b>110 WEST PALM AVENUE</b> <b>LAKE WORTH FL 33467</b>			Name				
			Street Address (P O Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>MANCUSI, PHIL</b>		NAME				
STREET ADDRESS	<b>110 W. PALM AVE.</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>LAKE WORTH FL</b>		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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STREET ADDRESS			STREET ADDRESS				
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CITY-ST-ZIP			CITY-ST-ZIP				



MOORE CR2E034 (11/03)

4. FEI Number **59-2008120**

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

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		Street Address (P O Box Number is Not Acceptable)			
		City		<b>FL</b>	Zip Code

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CITY-ST-ZIP			CITY-ST-ZIP		

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 02/04/04-80007-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **1/30/04** **967-4235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #