


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90015 045 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F03000005775</b>                    |  |
| 1. Entity Name<br><b>FAST HOME SOLUTION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>7437 LOCHWOOD COURT<br/>FORT WORTH, TX 76179</b> | Mailing Address<br><b>7437 LOCHWOOD COURT<br/>FORT WORTH, TX 76179</b> |
|--|--|

**44051957**



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3225 S. McLeod Dr.</b> | 3. Mailing Address<br><b>3225 S. McLeod Dr.</b> |
| Suite/Apt. #, etc.<br><b>100</b>                            | Suite/Apt. #, etc.<br><b>100</b>                |
| City & State<br><b>Las Vegas, NV</b>                        | City & State<br><b>Las Vegas, NV</b>            |
| Zip<br><b>89121</b>   | Zip<br><b>89121</b>                             |
| Country<br><b>USA</b>                                       | Country<br><b>USA</b>                           |

07012004 Chg-P /CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI-Number <b>EW#</b><br><b>20-0191505</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|---|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>AGENTS AND CORPORATIONS, INC.<br/>773 4TH AVE. NORTH, SUITE E<br/>NAPLES, FL</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CV<br>COONS, CLINT<br>3225 S. MCLEOD DRIVE, #110<br>LAS VEGAS, NV 89121 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>KOELZER, CARIE<br>3225 S. MCLEOD DR. #110<br>LAS VEGAS, NV 89121 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:  **CARIE KOELZER** 7.1.04 817-676-4402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 44051957  
# F03000005175  
FAST HOME SOLUTION, INC.

August 10, 2004

To Whom It May Concern:

Enclosed is our 2004 Corporate Annual Report. There are two items to note. First, we did not receive this until July 1, 2004. Second, we have not yet conducted business in the state of Florida we have merely set up the corporation so that we are ready to conduct business in the state.

If you should have any questions, please contact me at 817-676-4402.

Sincerely,

  
Carrie Koelzer

WE BUY HOUSES, DUPLEXES, MULTI-UNIT APARTMENT BUILDINGS.  
WILL LOOK AT ALL. ANY CONDITION.

3225 MCLEOD DRIVE  
LAS VEGAS, NV 89121

PHONE: 702.871.8535  
FAX: 702.871.8535