2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2009
Secretary of State

DOCUMENT# G83331

Entity Name: HOME DESIGN SERVICES, INC.

Current Principal Place of Business:

580 CAPE COD LANE
SUITE 9
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

157 E. LAKE BRANTLEY DRIVE
LONGWOOD, FL 32779 US

Current Mailing Address:

580 CAPE COD LANE
SUITE 9
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

157 E. LAKE BRANTLEY DRIVE
LONGWOOD, FL 32779 US

FEI Number: 59-2374201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, LAWHON & YARNELL, P.A.
3431 PINE RIDGE ROAD
SUITE 101
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ZIRKEL, JAMES E CEO	
Address:	219 MONTEGO INLET BLVD	
City-St-Zip:	LONGWOOD, FL 32779 US	
Title:	T	( ) Delete
Name:	ZIRKEL, JANICE C CFO	
Address:	219 MONTEGO INLET BLVD	
City-St-Zip:	LONGWOOD, FL 32779 US	
Title:	D	( ) Delete
Name:	KINGMAN, RUSSELL M PRES	
Address:	25927 SACKAMAXON DRIVE	
City-St-Zip:	SORRENTO, FL 32776 US	
Title:	D	( ) Delete
Name:	ROSENBERG-LEWIS, ANDREA J FIN MGR	
Address:	1113 MONTEAGLE CIRCLE	
City-St-Zip:	APOPKA, FL 32712 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA LEWIS DIR 06/10/2009

Electronic Signature of Signing Officer or Director Date