2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # L03000931721 1. Entity Name 02-25-2004 90281 023 ****50.00 HOME 1 SERVICES, LLC Mailing Address Principal Place of Business 3696 ULMERTON RD., STE. 200 CLEARWATER FL 33762 3696 ULMERTON RD., STE. 200 CLEARWATER FL 33762 24014233 2. Principal Place of Business 3. Mailing Address 2651 ULMERTON KO Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State *CG-171*0855 Not Applicable \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent D. SCHWEIDERHAN ARSENAULT, KENNETH O JR. 10225 ULMERTON RD, STE-2 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33771 Zip Code 376~ 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 WAYAE D. SCHWEIDERHAND PRES the obligations of registered agent. (NOTE: Registered Agent signature req Signature, type FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES 10. 9. MANAGING MEMBERS/MANAGERS Change ☐ Addition TITLE TITLE MGR ☐ Delete SCHNEIDERHAN, WAYNE NAME ULMERTON ROAD STREET ADDRESS STREET ADDRESS 3696 ULMERTON RD., STE. 200 CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL-33762-☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change 1 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. WAUNE

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED