

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90023 014 \*\*\*\*50.00

20000183



01042005 Chg-LLC CR2E083 (10/03)

**DOCUMENT # L03000048361**

1. Entity Name  
**HOME PERFECTION, LLC**



Principal Place of Business  
**3815 N US 1  
STE 65  
COCOA, FL 32926 US**

Mailing Address  
**3815 N US 1  
STE 65  
COCOA, FL 32926 US**

2. Principal Place of Business  
**503 CHENEY HWY**

3. Mailing Address  
**503 CHENEY HWY**

Suite, Apt. #, etc.

City & State  
**TITUSVILLE FL**

City & State  
**TITUSVILLE FL 32780**

Zip  
**32780**

Country  
**USA**

Zip  
**32780**

Country  
**USA**

4. FEI Number  
**20-0515852**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HIGGINS, JAMES H  
1666 SARATOGA DRIVE  
TITUSVILLE, FL 32796**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 James H Higgins **JAMES H HIGGINS TREASURER** **1-4-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, BETTY D 3815 N US 1 COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS BETTY D 1546 LAFAYETTE TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, JAMES H 1666 SARATOGA DRIVE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, JOHN R 3815 N US 1 COCOA, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS JOHN R 3541 ARLINGTON AVE MIMS FL 32752 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: James H Higgins **JAMES H HIGGINS** **1-4-05** **321-302-1593**

Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #