
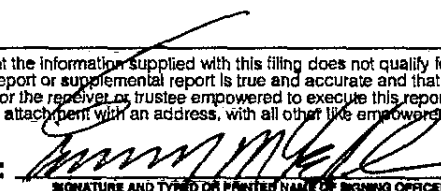


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # M84737 1. Entity Name MCLAUGHLIN HOME SERVICE GROUP, INC.		
Principal Place of Business % THOMAS J. MCLAUGHLIN 16340 OLD U.S. 41 FT. MYERS, FL 33912	Mailing Address % THOMAS J. MCLAUGHLIN 16340 OLD U.S. 41 FT. MYERS, FL 33912	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCLAUGHLIN, TERRENCE J 16340 OLD U.S. 41 FT. MYERS, FL 33912		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCLAUGHLIN, THOMAS J. 16340 OLD U.S. 41 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCLAUGHLIN, TERRENCE J 16340 OLD US 41 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLAUGHLIN, TIMOTHY J 16340 OLD US 41 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAPP, MARGARET 16340 OLD US 41 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowerment.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/14/05 239-267-8776 <small>Date Daytime Phone #</small>



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0055486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000000231737
02/16/05-80042-020 150.00

**DO NOT WRITE
IN THIS SPACE**