
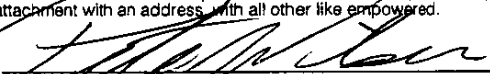


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90033 002 \*\*\*150.00

<b>DOCUMENT # M96291</b> 1. Entity Name HOME & APARTMENT SERVICES, INC.					
Principal Place of Business 208 N US HWY ONE STE 9 TEQUESTA, FL 33469			Mailing Address 208 N US HWY ONE STE 9 TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0077186</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  FLORA, RICHARD LEE 208 N US HWY ONE STE 9 TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name <b>WILSON, PETE</b> Street Address (P.O. Box Number is Not Acceptable) <b>208 N US HWY ONE</b> STE 9 City <b>TEQUESTA</b> <b>FL</b> Zip Code <b>33469</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FLORA, RICHARD LEE 208 N US HWY ONE STE 9 TEQUESTA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WILSON, PETE 208 N US HWY ONE STE 9 TEQUESTA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FLORA, RACHAEL LYNN 208 N US HWY ONE STE 9 TEQUESTA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FLORA, LORITA MAY 208 N US HWY ONE STE 9 TEQUESTA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT ELLEN WILSON 13948 SE FLORA AVENUE HOBE SOUND FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALERIE KITZI 7856 FAIRCHILD WAY HOBE SOUND FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>2/16/07 561 746 1981</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40019049



02022007 Chg-P CR2E034 (12/06)