

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000758

FILED
Feb 04, 2004
Secretary of State**Entity Name:** HOME AND COMMUNITY SERVICES INC.**Current Principal Place of Business:**454 BRISTLE CONE LANE
NAPLES, FL 34113**New Principal Place of Business:****Current Mailing Address:**454 BRISTLE CONE LANE
NAPLES, FL 34113**New Mailing Address:**P.O. BOX 115
NEWBERRY, FL 32669**FEI Number:** 32-0058208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAYLOR, KIMBERLY
454 BRISTLE CONE LANE
NAPLES, FL 34113**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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLETT, BOYD
Address: 417 SW 134TH TERR.
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: KELLETT, LOTHIAN
Address: 417 SW 134TH TERR.
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: TAYLOR, KIMBERLY
Address: 454 BRISTLE CONE LANE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: DAVIS, JAMES
Address: 454 BRISTLE CONE LANE
City-St-Zip: NAPLES, FL 34113

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLEY A. TAYLOR

PRES

02/04/2004

Electronic Signature of Signing Officer or Director

Date