

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000758

FILED
Apr 20, 2005
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:

25547 SW 20TH PLACE
NEWBERRY, FL 32669

Current Mailing Address:

P.O. BOX 115
NEWBERRY, FL 32669

New Mailing Address:

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 US

Name and Address of New Registered Agent:

TAYLOR, KIMBERLY
25547 SW 20TH PLACE
NEWBERRY, FL 32669 US

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: KIMBERLEY A. TAYLOR

04/20/2005

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: D (X) Change () Addition
Name: VANCE, CARA
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change () Addition
Name: BAZIN, KATHY
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change () Addition
Name: TAYLOR, KIMBERLY
Address: 25547 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change () Addition
Name: DAVIS, JAMES
Address: 25547 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

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: JAMES H. DAVIS

DIR.

04/20/2005

Electronic Signature of Signing Officer or Director

Date