2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

941-964-1008

DOCUMENT # P00000029422 1. Entity Name AT YOUR SERVICE-MCHUGH, INC.		Secretary of State
Principal Place of Business Mailing Add 475 PARK AVE P.O. BOX 2 BOCA GRANDE, FL 33921 BOCA GRANDE		L CERNICAF IN ACTOR ARNI WANT ARNI AND STATE OF A COURT AND STATE
DO NOT WRITE IN TH		04132005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-1001937 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Age VAN WINKLE, MARY E 2815 PROCTOR ROAD SARASOTA, FL 34231	ant	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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstants) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accure of the corporation or the receiver or trustee empowered to execu changed, or on an attachment with an address, with all other like	not qualify for the exemption stated in ate and that my signature shall have to the this report as required by Chapter empowered	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: