2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2005 8:00 am Secretary of State **DOCUMENT # P00000035248** 05-05-2005 90089 045 ***158.75 SANIBEL HOME SERVICES, INC. Principal Place of Business Mailing Address 1103 CAPTAINS WALK-ST. 1103 CAPTAINS WALK-ST. SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business 773 CARdium St. 3. Mailing Address P.O. Box 491 05032005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-1003893 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Ů·S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name McDowell, Kenneth Street Address (P.O. Box Number is Not Acceptable) 773 CARDIUM ST MCDQWELL, KENNETH O 1103 CAPTAINS WALK ST. SANIBEL, FL 33957 **"**j. ' 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 reinstating) DATE \$5.00 May Be Added to Fees ". FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. McDowell, Kenneth O. 773 Chedium St. TITLE ☐ Delete TITLE MCDOWELL, KENNETH O NAME NAME STREET ADDRESS 1103 CAPTIANS WALK ST. STREET ADDRESS SANIBEL, Fl. 33957 SANIBEL, FL 33957 CITY-ST-7P CITY-ST-ZIP ☐ Delete IIILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ■ Addition NAME. NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F Oelete MLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE me NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secute this report as required by Chapter 607, Florida Statutes; and that my/hame appears in Block 10 or Block 11 if 12. I hereby certify that the info indicated on this report or st of the corporation or the rec mation supplied with this filing upplemental report is true and er or trustee changed, or on an attac SIGNATURE:

FILED