

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90112 025 \*\*\*150.00

**DOCUMENT # P00000038126**

1. Entity Name

GLOBAL HOME SERVICE, INC.



Principal Place of Business

% RICHARD ZACHOW  
1000 PARTRIDGE CIRCLE #102  
NAPLES FL 34104

Mailing Address

% RICHARD ZACHOW  
1000 PARTRIDGE CIRCLE #102  
NAPLES FL 34104

2. Principal Place of Business

1523 Vintage Ln  
Suite, Apt. #, etc.

3. Mailing Address

1523 Vintage Ln  
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip  
34104

Country

Zip  
34104

Country



MOORE

CR2E034 (4/04)

4. FEI Number

59-3639041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EURO-AMERICAN FINANCIAL SERVICES, INC  
28000 SPANISH WELLS BLVD  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name ALLURE ACCOUNTING LLC

Street Address (P.O. Box Number is Not Acceptable)  
28000 SPANISH WELLS BLVD.

City BONITA SPRINGS

FL

Zip Code 34135

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 MARENA LOEFFLER, MANAGER

DATE 09/02/04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME ZACHOW, RICHARD  
STREET ADDRESS 1000 PARTRIDGE CIRCLE #102  
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE VP  
NAME ZACHOW, SABINE  
STREET ADDRESS 1000 PARTRIDGE CIRCLE #102  
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE Manager  
NAME Trevor J. Fredenick  
STREET ADDRESS 627 S.E. 15th Terr  
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Zachow

08/25/04

239-7773876

Date

Daytime Phone #