

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90343 004 ***150.00

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1. Entity Name
HOMAN SERVICES, INC.



Principal Place of Business

**1124 NE 16TH AVE
OCALA, FL 34470**

Mailing Address

**1124 NE 16TH AVE
OCALA, FL 34470**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3728208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOMAN, JAMES
1124 NE 16TH AVE
OCALA, FL 34470**

*1754 NE 5 ST
OCALA FL 34470*

**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

James L. Homan

Signature, typed or printed name of registered agent and title if applicable.

JAMES L. HOMAN

(NOTE: Registered Agent signature required when reinstating)

3-30-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOMAN, JAMES
STREET ADDRESS	1124 NE 16TH AVE
CITY - ST - ZIP	OCALA, FL 34470
TITLE	V
NAME	HOMAN, SHIRLEY
STREET ADDRESS	1124 NE 16 AVE
CITY - ST - ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

James L. Homan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. HOMAN

3-30-06

Date

352-351-3167

Daytime Phone #