FILED
Jun 07, 2005 8:00 am
Secretary of State
06-07-2005 90002 003 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000026956

1. Entity Name
FLORIDIAN HOME SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3041-15TH ST N SAINT PETERSBURG, FL 33704	3041-15TH ST N SAINT PETERSBURG, FL 33704

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
10800-Brighton Bay Blvd NE.		10800-Brighton Bay Blvd NE	
Suite, Apt. #, etc. # 18302		Suite, Apt. #, etc. # 18302	
City & State St Petersburg, FL		City & State St Petersburg, FL	
Zip 33716	Country USA	Zip 33716	Country USA

4. FEI Number 37-1441375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DWYER, LAWRENCE A JR
3041-15TH ST. N
SAINT PETERSBURG, FL 33704

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
10800-Brighton Bay Blvd NE #18302
City St Petersburg FL Zip Code 33716

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, LAWRENCE A JR 3041-15TH ST. N SAINT PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10800-Brighton Bay Blvd NE #18302 St Petersburg, FL. 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 all other like empowered.

SIGNATURE: [signature] 4/25/05 727-3643619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #