

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90682 013 ***150.00

DOCUMENT # P02000050820

1. Entity Name

THE HOME CONNECTION SERVICES, INC.



Principal Place of Business

1225 N. MILITARY TRAIL
#3
W PALM BEACH FL 33409

Mailing Address

1225 N. MILITARY TRAIL
#3
W PALM BEACH FL 33409

94051044



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3663614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALARCON SPARLER, SYLVIA ESQ
4100 S DIXIE HWY STE C
W PALM BEACH FL 33405

→
Address
change
SAME AGENT

Name

ALARCON SPARLER, SYLVIA ESQ

Street Address (P.O. Box Number is Not Acceptable)

4200 S. DIXIE HWY

W. Palm Beach Fl.

City

FL

Zip Code

33405

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME HALEY, BRENDA V
STREET ADDRESS 116 LAKE BARBARA DR
CITY-ST-ZIP W PALM BEACH FL 33411
→ Address change.

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1198 Concord Ave.
CITY-ST-ZIP W. Palm Beach Fl. 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Brenda V. Haley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2004

Date

561-723-9238

Daytime Phone #