

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000055967

1. Entity Name
AT-HOME-SERVICE.COM, INC



Principal Place of Business
203 SPANISH MOSS ROAD
DAVENPORT, FL 33837-5515

Mailing Address
8297 CHAMPIONSGATE BLVD., UNIT 203
CHAMPIONSGATE, FL 33896

DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3689600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BYRNE, BERNARD
203 SPANISH MOSS ROAD
DAVENPORT, FL 33837-5515

**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:

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

(NOTE: Registered Agent signature required when resetting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JEANNIN, REMY
STREET ADDRESS	8297 CHAMPIONSGATE BLVD., UNIT 203
CITY-ST-ZIP	CHAMPIONSGATE, FL 33896
TITLE	PS
NAME	BYRNE, BERNARD
STREET ADDRESS	8297 CHAMPIONSGATE BLVD., UNIT 203
CITY-ST-ZIP	CHAMPIONSGATE, FL 33896
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000569524
07/12/06-80001-002 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/10/2006

Date

863-424-0238

Daytime Phone #