


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90332 041 ***150.00

DOCUMENT # P02000089126

1. Entity Name
 STAY AT HOME SERVICES, INC.



Principal Place of Business
 4537 BEECHWOOD LAKE DRIVE
 NAPLES, FL 34112

Mailing Address
 4537 BEECHWOOD LAKE DRIVE
 NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

40072340



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
 03-0478282

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MENDELSON, PHILIP S
 4537 BEECHWOOD LAKE DR
 NAPLES, FL 34112

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MENDELSON, PHILIP S 4537 BEECHWOOD LAKE DRIVE NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MENDELSON, JOYCE 4537 BEECHWOOD LAKE DRIVE NAPLES, FL 34112
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Philip S Mendelson* 4/28/06 239 7744700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #