

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                             |                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000095550</b><br>1. Entity Name<br><b>TARROD STAFFING &amp; HOME MAKER COMPANION, INC.</b> |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                    |                                                                                        |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>4911 14TH ST W UNIT 202<br/>UNIT 202<br/>BRADENTON, FL 34207</b> | Mailing Address<br><b>4911 14TH ST W UNIT 202<br/>UNIT 202<br/>BRADENTON, FL 34207</b> |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

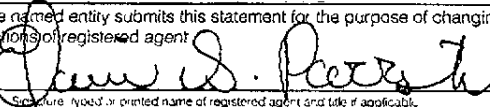
|                                                                                                               |                                                        |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>52-2376900</b>                                                                            | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                                                        |

|                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>PARRISH, ELAINE S<br/>4911 14TH ST W UNIT 202<br/>BRADENTON, FL 34207</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|

**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



(NOTE: Registered Agent signature required when reinstating)

**4/30/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U000000153544

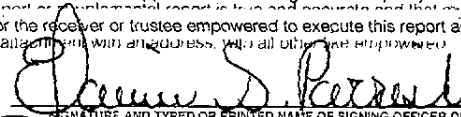
05/04/04-80130-023 158.75

| 10. OFFICERS AND DIRECTORS                         |                                                                         |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PARRISH, ELAINE S<br>4911 14TH S W UNIT 202<br>BRADENTON, FL 34207 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | OD<br>WOODIE, RICKY<br>4911 14TH S W UNIT 202<br>BRADENTON, FL 34207    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information provided on this report is true and accurate, and that my name 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 affidavit with an address, with all other name empowered.

SIGNATURE:



**4/30/04**

**(941)755-6700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #