

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009186

**FILED**  
**Mar 07, 2005**  
**Secretary of State**

**Entity Name:** HOME SERVICES ASSOCIATION CORP.

**Current Principal Place of Business:**

35 COTTONWOD COURT  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 COTTONWOOD COURT  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 05-0551123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROST, SCOTT R  
444 SEABREEZE BLVD STE 800  
DAYTONA BCH, FL 32118 US

**Name and Address of New Registered Agent:**

COLEMAN, JAMES D JR  
33 BICKWICK LANE  
PALM COAST, FL 32137 US

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.

**SIGNATURE:** JAMES D. COLEMAN JR.

03/07/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PV/D ( ) Delete  
**Name:** COLEMAN, JAMES D  
**Address:** 35 COTTONWOOD COURT  
**City-St-Zip:** PALM COAST, FL 32137 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JAMES D COLEMAN

PV/D

03/07/2005

Electronic Signature of Signing Officer or Director

Date