

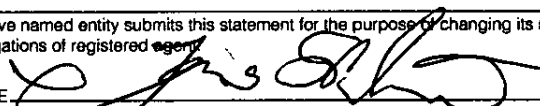
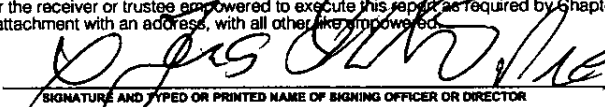


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 014 ***150.00

DOCUMENT # P03000021155 1. Entity Name SIEDOW HOMEOWNERS SERVICES, INC.					
Principal Place of Business 391 S.E. 12TH STREET POMPANO BEACH, FL 33060-9218				Mailing Address 391 S.E. 12TH STREET POMPANO BEACH, FL 33060-9218	
2. Principal Place of Business 9 Eagle Drive Suite, Apt. #, etc.		3. Mailing Address 7190 SW 14 ST. Suite, Apt. #, etc.			
City & State Ormond Beach, FL		City & State Pompano Beach, FL		4. FEI Number 75-3104875	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POULIN-SIEDOW, KATHLEEN 391 SE 12TH ST POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Jens Siedow Street Address (P.O. Box Number is Not Acceptable) 9 Eagle Drive City Ormond Beach FL Zip Code 32174			
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: 3-14-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEDOW, JENS 391 S.E. 12TH STREET POMPANO BEACH, FL 330609218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEDOW, JENS 391 S.E. 12TH STREET POMPANO BEACH, FL 330609218	<input type="checkbox"/> Delete			
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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:  DATE: 3-14-06 <small>(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					



40058863 ATTACHMENT #PO3000021155 UCT-62
Power of Attorney for Unemployment Tax R. 11/05

FLORIDA DEPARTMENT OF REVENUE
PO BOX 6510
TALLAHASSEE FL 32314-6510

The Power of Attorney should be an original form and should contain information which is complete and verifiable with the Department's records. The Department recommends the Power of Attorney be notarized or witnessed for the protection of employer records.

Please be advised:

Siedow Homeowner Services Inc 2487875
Employer name (legal entity) UT account no. (required)
SAME 75-3104875
Trade name (if applicable) Federal ID no. (required)
9 Eagle Drive
Address (number and street)
Orlando Beach, FL 32174 386 233-9528
City, State, and ZIP Phone number

Does hereby appoint as attorney-in-fact:

KATHLEEN M. SIEDOW 55 381-440658
Agent name Agent number (required) Federal ID no. (required)
9 Eagle Drive 386 233-9528
Address (number and street) Phone number
Orlando Beach, FL 32174
City, State, and ZIP

Agent type (required). See reverse side for explanation.
Check one: ☐ 1 (PR) ☐ 2 (B) ☐ 3 (FS) ☐ 4 (TX)

POA type (required). See reverse side for explanation.
Check one: ☐ 1 (TX) ☐ 2 (B) ☐ 3 (FS)

Is the designated agent to receive mail? Yes No
If yes, specify the types of mail and the mailing address. See reverse side for explanation.

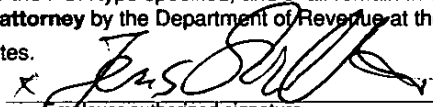
Mail type ☐ 1 (Primary) ☐ 2 (Reporting) ☐ 3 (Rate) ☐ 4 (Claim)

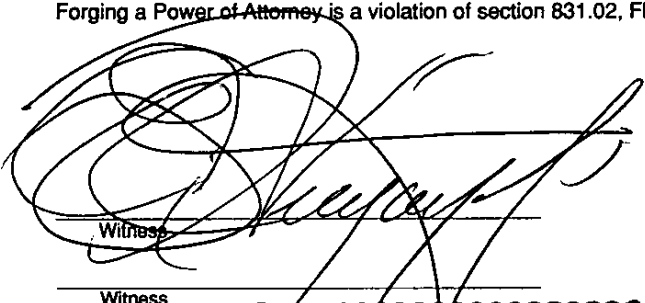
Address (if different from above)

City, State, and ZIP

The attorney-in-fact is authorized, subject to revocation, to receive confidential information and to perform any and all acts the employer can perform relating to matters pertaining to the Florida Unemployment Compensation Law. Any limitations must be specifically stated and attached to the Power of Attorney. Reports and correspondence will be sent to the employer's mailing address as it appears in the Department's records at time of mailing. Any request for specific copies of the employer's records or documents on file with the Department must be in writing and include the employer's name and account number.

This power of attorney revokes all earlier powers of attorney on file for the POA type specified, and shall remain in effect until receipt of a written notice of revocation or receipt of a subsequent power of attorney by the Department of Revenue at the above address. Forging a Power of Attorney is a violation of section 831.02, Florida Statutes.


Employer authorized signature
(Must be signed by owner, principal partner, or corporate officer.)
KATHLEEN SIEDOW
Print or type name
President
Title
3-14-06
Date


Witness
Witness

