2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034893

FILED Apr 20, 2006 Secretary of State

Entity Name: LMC HOME SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 2417 DELAND, FL 32721 **Current Mailing Address: New Mailing Address:** P.O. BOX 2417 DELAND, FL 32721 FEI Number: 59-3770334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, KATHRYN H PRICE, KATHRYN H 915 W NEWYORK AVE 915 W NEW YORK AVE DELAND, FL 32720 DELAND, FL 32720 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: KATHRYN H PRICE 04/20/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PRICE, TIMOTHY A Name: Name: 850 E NEW HAMPSHIRE AVENUE Address: Address: City-St-Zip: DELAND, FL 32724 US City-St-Zip: Title: ٧S Title: () Change () Addition () Delete Name: PRICE, KATHRYN H Name: 850 E NEW HAMPSHIRE AVENUE Address: Address: DELAND, FL 32724 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KATHRYN H PRICE VS 04/20/2006