

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000044540

1. Entity Name
HOME IMPROVEMENT CONSULTANTS CORPORATION



**FILED
Apr 18, 2005 8:00 am
Secretary of State**

04-18-2005 90546 011 ***150.00

Principal Place of Business
222 BELGIAN WAY
SANFORD, FL 32773

Mailing Address
222 BELGIAN WAY
SANFORD, FL 32773

2. Principal Place of Business
489 Lakeshore Dr.

Suite, Apt. #, etc.

3. Mailing Address
489 Lakeshore Dr.

Suite, Apt. #, etc.

City & State
Lake Mary, FL

Zip *32745* Country *U.S.A.*

City & State
Lake Mary, FL

Zip *32745* Country *U.S.A.*

6. Name and Address of Current Registered Agent

HUSS, ERIC D
222 BELGIAN WAY
SANFORD, FL 32773

7. Name and Address of New Registered Agent
Name *HUSS, ERIC D.*
Street Address (P.O. Box Number is Not Acceptable)
489 Lakeshore Dr.

City *Lake Mary* Zip Code *FL 32745*

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

4/13/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
NAME **HUSS, ERIC D**
STREET ADDRESS **222 BELGIAN WAY**
CITY-ST-ZIP **SANFORD, FL 32773**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME **HUSS, ERIC D**
STREET ADDRESS **222 BELGIAN WAY**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE Change Addition
NAME **HUSS, ERIC D**
STREET ADDRESS **222 BELGIAN WAY**
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CITY-ST-ZIP **SANFORD, FL 32773**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 407 330 2910
Date Daytime Phone #