2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90103 028 ***150.00

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1. Entity Name
FLORIDA HOME & PROFESSIONAL SERVICES, INC.

20002259

Principal Place of Business	Mailing Address
6205 LULLABYE LANE ZEPHYRHILLS, FL 33541	P.O. BOX 0184 ZEPHYRHILLS, FL 33539-0184

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 0184 Suite, Apt. #, etc.
City & State	City & State: ZEPHYRHILLS FL
Zip / Country	Zip: 33539-0184 / Country: PASCO

4. FEI Number: 86-1059088 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LENT, DAVID R 5900 BEECH STREET ZEPHYRHILLS, FL 33540	Name: ANTHONY POTWIN Street Address (P.O. Box Number is Not Acceptable): 5449 12th STREET City: Zephyrhills FL Zip Code: 33542

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: Anthony Potwin 1-1-06
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P LEONARD, KIMBERLY 6205 LULLABYE LN ZEPHYRHILLS, FL 33541	☑ Delete	P TONI-ANN POTWIN 5733 19th ST ZEPHYRHILLS, FL 33542	☑ Change	☑ Addition
		☐ Delete	VP ANDREW POTWIN 5733 19th ST ZEPHYRHILLS, FL 33542	☐ Change	☑ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition

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 attached with an address, with all other like empowered.

SIGNATURE Toni-Ann Potwin TONI-ANN POTWIN 1/1/2006 813-782-7543
(Signature and Typed or Printed Name of Individual) OFFICER OR DIRECTOR Date Daytime Phone #