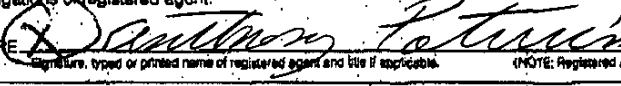
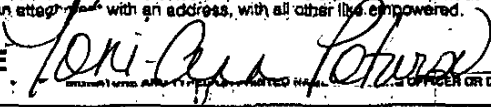


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90103 028 ***150.00

DOCUMENT # P03000063734			
1. Entity Name FLORIDA HOME & PROFESSIONAL SERVICES, INC.			
Principal Place of Business 6205 LULLABYE LANE ZEPHYRHILLS, FL 33541		Mailing Address P.O. BOX 0184 ZEPHYRHILLS, FL 33539-0184	
2. Principal Place of Business		3. Mailing Address P.O. BOX 0184	
Suite, Apt. #, etc.		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	
5. Name and Address of Current Registered Agent LENT, DAVID R 5900 BEECH STREET ZEPHYRHILLS, FL 33540		7. Name and Address of New Registered Agent 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  DATE 1-1-06 (NOTE: Registered Agent signature required when retreating)			
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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, KIMBERLY 6205 LULLABYE LN ZEPHYRHILLS, FL 33541 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONI-ANN POTWIN 5733 19th ST ZEPHYRHILLS, FL 33542 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDREW POTWIN 5733 19th ST ZEPHYRHILLS, FL 33542 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 attachment with an address, with all other like empowered.			
SIGNATURE 		TONI-ANN POTWIN 1/1/2006 813-782-7543 Date Daytime Phone #	

20002259



01082006 Chg-P CR2E034 (11/06)