

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-23-2004 90201 017 ***150.00

DOCUMENT # P03000086705 1. Entity Name HOME ASSISTANCE SPECIALISTS INC																																																																				
Principal Place of Business 625 GREEN COVE TERR. #127 ALTAMONTE SPRINGS, FL 32714		Mailing Address 625 GREEN COVE TERR. #127 ALTAMONTE SPRINGS, FL 32714																																																																		
2. Principal Place of Business 530 E. CENTRAL BLVD Suite, Apt. #, etc. SUITE 1601		3. Mailing Address 530 E. CENTRAL BLVD Suite, Apt. #, etc. 1601																																																																		
City & State ORLANDO FL		City & State ORLANDO FL																																																																		
Zip 32801		Zip 32801																																																																		
Country ORANGE		Country ORANGE																																																																		
4. FEI Number 90-0142604		Applied For <input type="checkbox"/> Not Applicable																																																																		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																		
6. Name and Address of Current Registered Agent CAPUANO, GARY E 625 GREEN COVE TERR. #127 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name GARY E. CAPUANO Street Address (P.O. Box Number is Not Acceptable) 530 E. CENTRAL BLVD #1601 City ORLANDO FL 32801																																																																		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-18-04 <small>(NOTE: Registered Agent signature required when re-registering)</small>																																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>GARY E. CAPUANO</td> <td>530 E. CENTRAL BLVD #1601</td> <td>ORLANDO, FL 32801</td> <td><input checked="" type="checkbox"/> ADD</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP			GARY E. CAPUANO	530 E. CENTRAL BLVD #1601	ORLANDO, FL 32801	<input checked="" type="checkbox"/> ADD					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>PRESIDENT</td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP			PRESIDENT			<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 my address, with all other like empowered.																																																																				
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-18-04 DAYTIME PHONE # 407 474-8222																																																																		