

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136608

FILED
Jul 05, 2005
Secretary of State

Entity Name: FAST FRIENDLY HOME SERVICES, INC.

Current Principal Place of Business:

PO BOX 3525
465 FERNANDINA ST. #3
FORT PIERCE, FL 34949 US

Current Mailing Address:

POST OFFICE BOX 3525
465 FERNANDINA STREET #3
FORT PIERCE, FL 34949

New Principal Place of Business:

465 FERNANDINA ST
#3
FORT PIERCE, FL 34949 US

New Mailing Address:

POST OFFICE BOX 3525
FORT PIERCE, FL 34948

FEI Number: 06-1713992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, DAVID
465 FERNANDINA STREET
#3
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEFFIELD, DAVID
Address: 465 FERNANDINA STREET #3
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID SHEFFIELD

PRES

07/05/2005

Electronic Signature of Signing Officer or Director

Date