

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000139893					
1. Entity Name TOTAL HOMEWORKS, INC.					
Principal Place of Business 18 SE 2ND AVE WILLISTON, FL 32696			Mailing Address 18 SE 2ND AVE WILLISTON, FL 32696		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0422584	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRACIE P. MAUNDER, EA, CB 234 SE 1ST ST WILLISTON, FL 32696				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
8. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRINGTON, DAVID E ☐ Delete 18 SE 2ND AVE WILLISTON, FL 32696				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NANCE, BILLY ☒ Delete 5311 NE 140 CT WILLISTON, FL 32696				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition UH00000377873 09/07/05-80017-022 150.00					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>DAVID E. Harrington</u> <i>[Signature]</i> 12-14-05 1352 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
302-7502					

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