


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90042 005 \*\*\*150.00

<b>DOCUMENT # P03000154462</b> 1. Entity Name <b>A PROFESSIONAL HOME SERVICE, INC.</b>																																																																																			
Principal Place of Business <b>408 W UNIVERSITY AVE STE #406 GAINESVILLE, FL 32601</b>		Mailing Address <b>408 W UNIVERSITY AVE STE #406 GAINESVILLE, FL 32601</b>																																																																																	
2. Principal Place of Business <b>3499 NW 97th Blvd</b> Suite, Apt. #, etc. <b>Suite #9</b>	3. Mailing Address <b>3499 NW 97th Blvd</b> Suite, Apt. #, etc. <b>Suite #9</b>																																																																																		
City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>																																																																																		
Zip <b>32606</b>	Country <b>USA</b>	Zip <b>32606</b>																																																																																	
Country <b>USA</b>		4. FEI Number <b>30-0226075</b>																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																	
6. Name and Address of Current Registered Agent <b>HOPE, A BICE 408 W UNIVERSITY AVE STE 406 GAINESVILLE, FL 32601</b>																																																																																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																			
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. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																			
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>																																																																																			
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">D</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOPE, A BICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>408 W UNIVERSITY AVE STE #406</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32601</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">D, P, VP, S, T</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Janke, Edward P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>131 SW 84th Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Gainesville FL 32607</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>			TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	HOPE, A BICE		STREET ADDRESS	408 W UNIVERSITY AVE STE #406		CITY-ST-ZIP	GAINESVILLE, FL 32601					TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE	D, P, VP, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Janke, Edward P.		STREET ADDRESS	131 SW 84th Terrace		CITY-ST-ZIP	Gainesville FL 32607	<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 an address, with all other like empowered.																																																																																			
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <i>Edward P. Janke</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  <b>Edward P. Janke, President</b> </div> <div> <b>3-15-2004 (352) 317-5101</b>  <small>Date Daytime Phone #</small> </div> </div>																																																																																			