

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90042 005 ***150.00



DOCUMENT # P03000154462		1. Entity Name A PROFESSIONAL HOME SERVICE, INC.	
Principal Place of Business 408 W UNIVERSITY AVE STE #406 GAINESVILLE, FL 32601		Mailing Address 408 W UNIVERSITY AVE STE #406 GAINESVILLE, FL 32601	
2. Principal Place of Business 3499 NW 97th Blvd Suite, Apt. #, etc. Suite #9		3. Mailing Address 3499 NW 97th Blvd Suite, Apt. #, etc. Suite #9	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32606		Country USA	
6. Name and Address of Current Registered Agent HOPE, A BICE 408 W UNIVERSITY AVE STE 406 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____	
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, A BICE 408 W UNIVERSITY AVE STE #406 GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, VP, S, T Janke, Edward P. 131 SW 84th Terrace Gainesville FL 32607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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: <i>Edward P. Janke</i>		3-15-2004 (352) 317-5101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Edward P. Janke, President			



03122004 Chg-P CR2E034 (10/03)

4. FEI Number
30-0226075

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required