

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P04000004024

1. Entity Name

M. HUSKEY HOME SERVICES INC.



Principal Place of Business

18809 CARR DR.
LUTZ, FL 33559

Mailing Address

18809 CARR DR.
LUTZ, FL 33559



03242008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1714950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSKEY, MICHAEL B
18809 CARR DR.
LUTZ, FL 33559

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000887643
04/21/08-80028-015 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HUSKEY, MICHAEL B
STREET ADDRESS 18809 CARR DR.
CITY-ST-ZIP LUTZ, FL 33559

TITLE V
NAME HUSKEY, LINDA A
STREET ADDRESS 18809 CARR DR.
CITY-ST-ZIP LUTZ, FL 33559

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

ORIGINAL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

Date

813-431-5979

Daytime Phone #