

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

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DOCUMENT # P04000014146 1. Entity Name ERNIE'S COMPLETE HOME MAINTENANCE, INC.			
Principal Place of Business 3912 EQUESTRAIN COURT MIDDLEBURG, FL 32068		Mailing Address 3912 EQUESTRAIN COURT MIDDLEBURG, FL 32068	
2. Principal Place of Business 3912 EQUESTRAIN CT.		3. Mailing Address 3912 EQUESTRAIN CT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIDDLEBURG, FL		City & State MIDDLEBURG, FL	
Zip 32068		Zip 32068	
Country USA		Country USA	
4. FFI Number 51-0494887		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name ERNEST S. MORRIS Street Address (P.O. Box Number is Not Acceptable) 3912 EQUESTRAIN CT. City MIDDLEBURG, FL Zip Code 32068	
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 <u>Ernest S. Morris</u> ERNEST S. MORRIS, PTD 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PTD	NAME MORRIS, ERNEST S	TITLE PTD	NAME MORRIS, ERNEST S.
STREET ADDRESS 3912 EQUESTRAIN COURT	CITY-ST-ZIP MIDDLEBURG, FL 32068	STREET ADDRESS 3912 EQUESTRAIN CT	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE V	NAME MORRIS, MARGIE S	TITLE V	NAME MORRIS, MARGIE S.
STREET ADDRESS 3912 EQUESTRAIN COURT	CITY-ST-ZIP MIDDLEBURG, FL 32068	STREET ADDRESS 3912 EQUESTRAIN CT	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE S	NAME JOHNSON, CAREY A	TITLE S	NAME JOHNSON, CAREY A.
STREET ADDRESS 3912 EQUESTRAIN COURT	CITY-ST-ZIP MIDDLEBURG, FL 32068	STREET ADDRESS 3912 EQUESTRAIN CT	CITY-ST-ZIP MIDDLEBURG, FL 32068
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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.			
SIGNATURE: <u>Ernest S. Morris</u> ERNEST S. MORRIS 4/29/05 (904) 568-8585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			