ANNUAL REPORT

1. Selly Marine COMPLETE HOME AND OFFICE CARE, INC. 0.5 FEB 2.3 PM 3: 0.9 SECRETARY OF STATE TALL AHASSEE, FLORIDA ACKSONVILE, FL. 32217 DO NOT WRITE IN THIS SPACE 1. Surround Address of Current Registered Agent 1. Selly Address of Stress Desired 1. Selly Address of Stress D	DOCUMENT # P0400066583	FILED
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8. Name and Address of Current Registered Agent FILLATREAU, SHAE'LE 7475 SPINOLA ROAD JACKSONVILLE, FL 32217 B. The above named einthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the eloligatory of epistered agent. SIGNATURE SIGNATURE FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 10. OFFICERS AND DIRECTORS Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TRUST FOR ISSUE AGENCY. SPINOLA RD. SIRET KORES TRUST FOR SPINOLA RD. CITY-ST-2P JACKSONVILLE, FL 32217 TITE RWAE SIRET KORES TATS SPINOLA RD. CITY-ST-2P JACKSONVILLE, FL 32217 TITE RWAE SIRET KORES TATS SPINOLA RD. CITY-ST-2P JACKSONVILLE, FL 32217 TITE RWAE SIRET KORES CITY-ST-2P JACKSONVILLE, FL 32217 TITE RWAE SIRET KORES TATS SPINOLA RD. CITY-ST-2P JACKSONVILLE, FL 32217 TITE RWAE SIRET KORES CITY-ST-2P JACKSONVILLE, FL 32217 DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPA	02232005 No Chg-P CR2E034 (10/03)
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STREET ADDRESS CITY-ST-ZIP	THE DECKSONVILLY FILE SECTION	
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	TITE NAME STREET ADDRESS	
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.	THE NAME. STREET ADDRESS CTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this report or supplemental report is true and accurate and that my signal.	ature shall have the same legal effect as if made under oath; that I am an officer or director
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