


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-12-2006 90001 031 ***150.00
P04000095987

7/1

DOCUMENT # P04000095987		
1. Entity Name DAVIDS HOME IMPROVEMENT SERVICES INC.		
Principal Place of Business 5057 SE DRIFTWOOD AVE. STUART FL 34997		Mailing Address 5057 SE DRIFTWOOD AVE. STUART FL 34997
2. Principal Place of Business 5057 SE DRIFTWOOD		3. Mailing Address 5057 SE DRIFTWOOD
State, Apt. #, etc.		State, Apt. #, etc.
City & State STUART FL.		City & State STUART FL.
Zip 34997		Country U.S.A.
4. FEI Number 56-2481895		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)
6. Name and Address of Current Registered Agent MONACHINO, DAVID 5057 SE DRIFTWOOD AVE. STUART FL 34997		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 DAVID MONACHINO		DATE 6/29/06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PTSV MONACHINO, DAVID 5057 SE DRIFTWOOD STUART FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.		
SIGNATURE: <i>David Monachino</i>		DATE: 6/29/06

FILED
06 AUG 16 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTHING HAS CHANGED ON MY REPORT - EVERYTHING REMAINS THE SAME
THANK YOU

ATTACHMENT

66023110

REFERENCE #
PO4000095987

8/11/06

I DAVID MONACHINO RECEIVED
MY ANNUAL REPORT
THE 2ND WEEK OF JUNE -
I THINK THAT IF MY
MAIL WAS SENT TO ME
ON A TIMELY MATTER I
WOULD NOT HAVE A
\$400 LATE FEE - BECAUSE
OF THIS I DO NOT FEEL
I SHOULD HAVE TO PAY
THE LATE FEE AND WOULD
LIKE IT TO BE WAIVED -
PLEASE HELP!

THANK YOU

David Monachino

MY DAYTIME PH. # (772) 285-6082

I THINK I SHOULD SEND MY
LOCAL POST OFFICE A LATE FEE
BECAUSE OF THE POOR MAIL SERVICE