


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90176 031 ***150.00

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| DOCUMENT # P04000102566 |  |
| 1. Entity Name HOME SERVICES OF SOUTHWEST FLORIDA, INC. | |

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| Principal Place of Business 477 MUSKEGON AVE FT MYERS FL 33903 | Mailing Address 477 MUSKEGON AVE FT MYERS FL 33903 |
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| 2. Principal Place of Business 6021 Jonathan Ave Suite, Apt. #, etc. | 3. Mailing Address 6021 Jonathan Ave Suite, Apt. #, etc. |
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1st MOORE CR2E034 (10/05)

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| City & State Ft. Myers, FL | City & State Ft. Myers, FL |
| Zip 33905 | Country USA |

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| 4. FEI Number 68-0590109 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent HARRELL, JACKIE 477 MUSKEGON AVE FT MYERS FL 33903 | 7. Name and Address of New Registered Agent Name Harrell, Jackie Street Address (P.O. Box Number is Not Acceptable) 6021 Jonathan Ave City Ft. Myers FL Zip Code 33905 |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 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 Jackie Harrell <small>(Signature, typed or printed name of registered agent and title if applicable)</small> | DATE 4/11/06 <small>(NOTE: Registered Agent signature required when reappointing)</small> |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARRELL, CHRISTOPHER 477 MUSKEGON AVE FT MYERS FL 33903 <input checked="" 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 | D HARRELL, JACKIE 477 MUSKEGON AVE FT MYERS FL 33903 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |

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 empowered.

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| SIGNATURE: Jackie Harrell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 4/11/06 <small>Date</small> | DAYTIME PHONE 239-325-7349 <small>Daytime Phone #</small> |
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