

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90016 034 \*\*\*150.00

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03142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000110747</b>					
1. Entity Name <b>HOME IMPROVEMENT SPECIALISTS &amp; SONS, INC.</b>					
Principal Place of Business <b>1301 NE 14TH STREET SUITE 5 OCALA, FL 34470</b>			Mailing Address <b>1301 NE 14TH STREET SUITE 5 OCALA, FL 34470</b>		
2. Principal Place of Business <b>831 NE 36th TER</b>		3. Mailing Address <b>831 NE 36th TER</b>			
Suite, Apt. #, etc. <b>STE 7</b>		Suite, Apt. #, etc. <b>STE 7</b>			
City & State <b>Ocala FL</b>		City & State <b>Ocala FL</b>		4. FEI Number <b>80-0116641</b>	
Zip <b>34470-1033</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34470-1033</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LONGS, MATTHEW T SR 1301 NE 14 ST SUITE 5 OCALA, FL 34470</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>821 NE 36th TER STE 7</b> City <b>Ocala FL</b> Zip Code <b>34470-1033</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PR LONGS, MATTHEW T SR 1301 NE 14 ST OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 821 NE 36th TER STE 7 Ocala FL 34470-1033		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perry, Dustin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 821 NE 36th TER STE 7 Ocala FL 34470-1033		
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		
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		
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		
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 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: <i>Matthew T. Longs</i>			3-14-5		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		