


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90387 043 ***150.00

DOCUMENT # P04000153086	
1. Entity Name HOME DOCTOR MAINTENANCE SERVICES, INC.	

Principal Place of Business 8109 BARTHOLOMEW DRIVE NORTH FORT MYERS FL 33917	Mailing Address 8109 BARTHOLOMEW DRIVE NORTH FORT MYERS FL 33917
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2. Principal Place of Business 8109 BARTHOLOMEW DR	3. Mailing Address 8109 BARTHOLOMEW DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N Ft Myers	City & State Florida
Zip 33917	Country Lee
Zip 33917	Country Lee



1st MOORE CR2E034 (10/04)

4. FEI Number 56 249 1083		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 JONES, VIRGIL 8109 BARTHOLOMEW DRIVE NORTH FORT MYERS FL 33917		
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 *Virgil Jones* (NOTE: Registered Agent signature required when reinstating) DATE 2-15-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, VIRGIL 8109 BARTHOLOMEW DRIVE NORTH FORT MYERS FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Virgil Jones* DATE 2-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #