

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90010 003 ***150.00

DOCUMENT # P04000159301 1. Entity Name D AND M HOME SERVICES OF SOUTH FLORIDA INC						
Principal Place of Business 2665 SE 2ND COURT POMPANO BEACH, FL 33062			Mailing Address 2665 SE 2ND COURT POMPANO BEACH, FL 33062			
2. Principal Place of Business Suite, Apt. #, etc. 1930 Mears Parkway City & State Margate FL Zip 33063 Country USA		3. Mailing Address 1930 Mears Parkway Suite, Apt. #, etc. Margate FL City & State Margate FL Zip 33063 Country USA				
4. FEI Number 02242006 Chg-P CR2E034 (11/05) 86-1124223				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 NYSTRAND, DOROTHY C 1441 NE 31ST COURT POMPANO BEACH, FL 33064		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D MILLER, DARYL J 2665 SE 2ND COURT POMPANO BEACH, FL 33062		<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	D HAYHURST, MICHAEL G 6729 NW 27TH STREET MARGATE, FL 33063		<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 exemptions contained in Chapter 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.						
SIGNATURE: <u>Michael G. Hayhurst</u> <u>2/27/06</u> <u>954 520-9011</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						