


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000037681 1. Entity Name PARAMOUNT HOME SERVICES, INC.	
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Principal Place of Business 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286	Mailing Address 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286
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DO NOT WRITE IN THIS SPACE



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2366484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HANKO, PATRICK D 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286	DO NOT WRITE IN THIS SPACE
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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		<p>U00000613669 02/05/07-80047-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKO, PATRICK D 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROMEN, SCOTT 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: Patrick D. Hanko 1/28/07 941 423 0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #