

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2008 08:00 AM  
Secretary of State

DOCUMENT # P05000037681

1. Entity Name

PARAMOUNT HOME SERVICES, INC.



Principal Place of Business

2948 PONCE DE LEON BLVD.  
NORTH PORT, FL 34286

Mailing Address

2948 PONCE DE LEON BLVD.  
NORTH PORT, FL 34286



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number  
20-2366484

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANKO, PATRICK D
STREET ADDRESS	2948 PONCE DE LEON BLVD.
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	D
NAME	GROMEN, SCOTT
STREET ADDRESS	2948 PONCE DE LEON BLVD.
CITY-ST-ZIP	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	

DO NOT WRITE  
IN THIS SPACE

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. Hanco*

PATRICK D. HANKO

1/22/08

941-423-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #