


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90094 023 ***158.75

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DOCUMENT # P05000050717			
1. Entity Name CAROLYN'S HOME SERVICES INC.			
Principal Place of Business 8314 SPRING HILL DRIVE SPRING HILL, FL 34606 US		Mailing Address 8314 SPRING HILL DRIVE SPRING HILL, FL 34606 US	
2. Principal Place of Business		3. Mailing Address 5408 St James Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Port Richey, FL	
Zip	Country	Zip	Country
		34652	USA
4. FEI Number 20-2979490		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANISCALCO, CAROLYN A 8314 SPRING HILL DRIVE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name: Kelly Drew Street Address (P.O. Box Number is Not Acceptable): 5408 St James Drive City: New Port Richey FL Zip Code: 34652	
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: <u>Kelly L Drew</u> Kelly Drew Accountant 3-20-06 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, 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	P MANISCALCO, CAROLYN A 8314 SPRING HILL DRIVE SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST.D Maniscalco, Carolyn 10900 Casey Drive New Port Richey, FL 34654 <input checked="" 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-06 727-816-8847 Date Daytime Phone #	