# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2006**
**Secretary of State**

DOCUMENT# P05000058476

**Entity Name:** TIM'S HOME IMPROVEMENT SERVICE, INC.

**Current Principal Place of Business:**

704 AVENUE O S.E.
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

704 AVENUE O S.E.
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

P.O. BOX 161
DUNDEE, FL 33838

**New Mailing Address:**

P.O. BOX 161
DUNDEE, FL 33838 US

**FEI Number: 59-3749543** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEARS, ARLENE
704 AVENUE O S.E.
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SEARS, ARLENE
Address: P.O. BOX 161
City-St-Zip: DUNDEE, FL 33838

Title: VD ( ) Delete
Name: BARBER, TIM
Address: P.O. BOX 161
City-St-Zip: DUNDEE, FL 33838

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: SEARS, ARLENE
Address: 704 AVENUE O S.E.
City-St-Zip: DUNDEE, FL 33880 US

Title: VD (X) Change ( ) Addition
Name: BARBER, TIM
Address: 704 AVENUE O S.E.
City-St-Zip: DUNDEE, FL 33880 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE SEARS PD 05/04/2006

Electronic Signature of Signing Officer or Director Date