2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061563

A &W HOME SERVICES INC.



FILED May 03; 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3601 4TH ST SW

LEHIGH ACRES, FL 33971

3601 4TH ST SW LEHIGH ACRES, FL 33971

US



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04252007 No Chg-P Applied For

20-2991134

4. FEI Number

\$8.75 Additional

Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SHANKS, FREDRICK D

NOT MOITE

3601 4TH ST SW LEHIGH ACRES, FL 33971			IN THIS SPACE			
	named entity bmits this statement for the plants of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or inted name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000759069 05/24/07-80027-023 150.00	
10.	OFFICERS AND DIREC	CTORS				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANKS. FREDRICK D 3601 4TI: ST SW LEHIGH ACRES, FL 33971					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHANKS, PATRICIA A 3601 4TH ST SW LEHIGH ACRES, FL 33971			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE						

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR