

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90003 017 \*\*\*150.00

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02252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000084601</b> 1. Entity Name <b>D&amp;H HOME SERVICES, INC.</b>					
Principal Place of Business <b>132 HAMMOCK RD ANNA MARIA, FL 34216</b>			Mailing Address <b>132 HAMMOCK RD ANNA MARIA, FL 34216</b>		
2. Principal Place of Business <i>6816 N. Safford Blvd.</i>		3. Mailing Address <i>6816 N. Safford Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Northport FL</i>		City & State <i>Northport FL</i>		4. FEI Number <i>20-2966864</i>	
Zip <i>34286</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUDSON, DENISE E</b> <b>132 HAMMOCK RD</b> <b>ANNA MARIA, FL 34216</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>6816 N. Safford Blvd</i> City <i>Northport</i> <b>FL</b> Zip Code <i>34286</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUDSON, DENISE E 132 HAMMOCK RD ANNA MARIA, FL 34216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <i>6816 N Safford Blvd</i> <i>Northport, FL 34286</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUDSON, ALAN J 132 HAMMOCK RD ANNA MARIA, FL 34216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>UD</i> <i>6816 N Safford Blvd</i> <i>Northport FL 34286</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Denise Hudson</i> <i>2/27/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					