

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000050570

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** GOTCHA COVERED HOME SOLUTIONS INC.

**Current Principal Place of Business:**

3704 KENTFIELD PLACE  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

3704 KENTFIELD PLACE  
VALRICO, FL 33596 US

**New Mailing Address:**

**FEI Number:** 20-4721610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HACKER, LEA  
2140 SHELBOURNE COURT  
WESLEY CHAPEL, FL 33543 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

**OFFICERS AND DIRECTORS:**

**Title:** P/D  
**Name:** HACKER, LEA  
**Address:** 2140 SHELBOURNE COURT  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

**Title:** VP/D  
**Name:** HACKER, DON  
**Address:** 2140 SHELBOURNE COURT  
**City-St-Zip:** WESLEY CHAPEL, FL 33453 US

**Title:** S/D  
**Name:** HACKER, JOHN W  
**Address:** 2140 SHELBOURNE COURT  
**City-St-Zip:** WESLEY CHAPEL, FL 33543 US

I hereby 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 all other like empowered.

**SIGNATURE:** DON HACKER

VP

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date