

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108810

FILED
Jul 16, 2009
Secretary of State

Entity Name: INDEPENDENT HME SERVICE AND CONSULTING INC.

Current Principal Place of Business:

7749 NORMANDY BLVD., #145-314
JACKSONVILLE, FL 32221 US

New Principal Place of Business:

Current Mailing Address:

7749 NORMANDY BLVD., #145-314
JACKSONVILLE, FL 32221 US

New Mailing Address:

P.O. BOX 24668
JACKSONVILLE, FL 32241 US

FEI Number: 38-3767803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAVLAKOVICH, TIMOTHY J
7749 NORMANDY BLVD., #145-314
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

KEVIN S GREEN INC
3617-2 CROWN POINT RD
JACKSONVILLE, FL 32257 US

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: KEVIN GREEN

07/16/2009

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: PRES () Delete
Name: PAVLAKOVICH, TIMOTHY J
Address: 7749 NORMANDY BLVD., #145-314
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: TRES () Delete
Name: PAVLAKOVICH, BIANA B
Address: 7749 NORMANDY BLVD., #145-314
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: SECT () Delete
Name: PAVLAKOVICH, BIANA B
Address: 7749 NORMANDY BLVD., #145-314
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: DIR () Delete
Name: PAVLAKOVICH, TIMOTHY J
Address: 7749 NORMANDY BLVD., #145-314
City-St-Zip: JACKSONVILLE, FL 32221 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BIANA PAVLAKOVICH

S

07/16/2009

Electronic Signature of Signing Officer or Director

Date