


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 022 ***150.00

DOCUMENT # P07000120076					
1. Entity Name HIM, HOME IMPROVEMENT AND MAINTENANCE, INC.					
Principal Place of Business 1229 BERMUDA LAKES LANE APT. 203 KISSIMMEE, FL 34741 US			Mailing Address 1229 BERMUDA LAKES LANE APT. 203 KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 421708			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Kissimmee		4. FEI Number 83-0497532	
Zip		Country		Zip 34742-1708	
Country		Country Osceola		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYSONET, CARLOS J 1229 BERMUDA LAKES LANE APT. 203 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MAYSONET, CARLOS J		<input type="checkbox"/> Delete		
STREET ADDRESS 1229 BERMUDA LAKES LANE, APT. 203	CITY - ST - ZIP KISSIMMEE, FL 34741		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME MANZANARES, BEATRIZ		<input type="checkbox"/> Delete		
STREET ADDRESS 1201 BERMUDA LAKES LANE, 105	CITY - ST - ZIP KISSIMMEE, FL 34741		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete		
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: _____			4/16/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			407-791-5256		
_____			_____		