

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125487

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** HOME SERVICES REVIEW OF FLORIDA, INC.

**Current Principal Place of Business:**

6143 CLARK CENTER AVENUE  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

6143 CLARK CENTER AVENUE  
SARASOTA, FL 34238

**New Mailing Address:**

5824 BEE RIDGE RD. #170  
SARASOTA, FL 34233

**FEI Number:** 26-1466197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PELLEGRINO, FRANK A  
6143 CLARK CENTER AVENUE  
SARASOTA, FL 34238 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:** RA  
**Name:** PELLEGRINO, FRANK A  
**Address:** 6143 CLARK CENTER AVENUE  
**City-St-Zip:** SARASOTA, FL 34238

**Title:** D  
**Name:** DIDOMENICO, JULIE C  
**Address:** 6143 CLARK CENTER AVENUE  
**City-St-Zip:** SARASOTA, FL 34238

**Title:** D  
**Name:** HAINES, KEN  
**Address:** 6143 CLARK CENTER AVE  
**City-St-Zip:** SARASOTA, FL 34238

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:** FRANK A. PELLEGRINO

PRES

01/23/2012

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

\_\_\_\_\_  
Date