

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019929

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** NANCY'S HOME SERVICES, INC.

**Current Principal Place of Business:**

719 IMAR DR  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

4864 SUN CITY CENTER BLVD.  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

719 IMAR DR  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

4864 SUN CITY CENTER BLVD.  
SUN CITY CENTER, FL 33573

**FEI Number:** 90-0448451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINELLI, NANCY  
719 IMAR DR  
SUN CITY CENTER, FL 33573 US

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

FINELLI, NANCY  
4864 SUN CITY CENTER BLVD.  
SUN CITY CENTER, FL 33573 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: NANCY FINELLI

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FINELLI, NANCY  
Address: 4864 SUN CITY CENTER BLVD.  
City-St-Zip: SUN CITY CENTER, FL 33573

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: NANCY FINELLI

PSTD

04/18/2012

Electronic Signature of Signing Officer or Director

Date