

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000074289

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** DECAB HOME SERVICES INC.

**Current Principal Place of Business:**

5120 87TH ST  
WABASSO, FL 32970 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 700759  
WABASSO, FL 32970 US

**New Mailing Address:**

**FEI Number:** 80-0651364      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FOSTER, MICHAEL M  
638 LAKE DRIVE  
SEBASTIAN, FL 32958 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  
**Name:** FOSTER, MICHAEL M  
**Address:** 638 LAKE DRIVE  
**City-St-Zip:** SEBASTIAN, FL 32958 US

**Title:** VP  
**Name:** FOSTER, TIMOTHY T  
**Address:** 638 LAKE DRIVE  
**City-St-Zip:** SEBASTIAN, FL 32958 US

**Title:** S,T  
**Name:** FOSTER, JOAN M  
**Address:** 5845 40TH. LANE  
**City-St-Zip:** VERO BEACH, FL 32966 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:** JOAN M. FOSTER

S,T

04/16/2012

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

\_\_\_\_\_  
Date