## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Straining Kokunah, STANISLAW KOTUSINSKI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P95000071680** 04-29-2005 90180 013 \*\*\*150.00 STAN'S HOME SERVICES, INC. Principal Place of Business Mailing Address 507 SHORE DRIVE EAST 507 SHORE DRIVE EAST 50044738 OLDSMAR, FL 34677 OLDSMAR, FL 34677 2430 BRAZILIA 3. Mailing Address DRIVE 2430 BRAZILIA ORIVE Suite, Apt. #, etc. UNIT # 48 Suite, Apt. #, etc. 04242005 CR2E034 (10/03) UNIT # 48 City & State 4. FEI Number Applied For CLEARWATER 59-3352358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOTUSINSKI STANISLAW KOTUSINSKI, STANISLAW 507 SHORE DRIVE, EAST OLDSMAR, FL 34677 Zip Code 33763 CITY CLEARWATER 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. Lam familiar with, and accept the obligations of registered agent. Kokesius STANISLAW KOTUSINSKI Hacuna \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Defete TITI F Change : KOTUSINSKI, 2430 BRAZIL KOTUSINSKI, STEFANIA NAME NAME NIT # 48 STREET ADDRESS 507 SHORE DRIVE, EAST STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE TITLE KOTUSINSKI, STANISLAW 2430 BEAZILIA DRIVE, UNIT # 48 KOTUSINSKI, STANISLAW NAME NAME 507 SHORE DRIVE EAST STREET ADDRESS STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-7IP CLEARWATER. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Channe Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE тпі ғ ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

**FILED**