


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90045 034 ***150.00

DOCUMENT # P96000035752

1. Entity Name
MOTHER DAUGHTER HOME SERVICES, INC.



Principal Place of Business Mailing Address

**9751 NW 45TH AVE
OCALA FL 34482** **9751 NW 45TH AVE
OCALA FL 34482**

2. Principal Place of Business 3. Mailing Address

10059 NW 45th Ave **P.O. Box 247**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

OCALA, FL **LOWELL, FL**

Zip Country Zip Country

34482 **MARION** **32663-0247** **MARION**

SECRET



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3401262 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DROOG, ANNE K
9751 NW 45TH AVE
OCALA FL 34482**

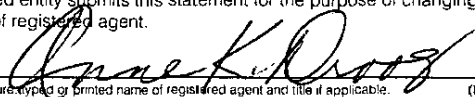
7. Name and Address of New Registered Agent

Name: **DROOG, ANNE K.**

Street Address (P.O. Box Number is Not Acceptable): **10059 NW 45TH AVE**

City: **OCALA, FL** Zip Code: **34482**

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:  DATE: **4-4-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DROOG, ANNE K	
STREET ADDRESS	9751 NW 45TH AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DROOG ANNE K	
STREET ADDRESS	10059 NW 45th Ave	
CITY-ST-ZIP	OCALA, FL. 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:  DATE: **4-4-04** DAYTIME PHONE #: **352-732-3798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR