

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90087 019 ***150.00

DOCUMENT # P97000001330

1. Entity Name

S HOMSI, INC.



Principal Place of Business

12995 SOUTH CLEVELAND AVE
STE 234
FORT MYERS FL 33907

Mailing Address

12995 SOUTH CLEVELAND AVE
STE 234
FORT MYERS FL 33907



2. Principal Place of Business - No P.O. Box #



S. Homsi, Inc./McDonald's
8971 Daniels Center Dr. #310
Fort Myers, FL 33912

3. Mailing Address



S. Homsi, Inc./McDonald's
8971 Daniels Center Dr. #310
Fort Myers, FL 33912

1st MOORE

CR2E034 (10/06)

File Number

65-0719326

Applied For

Not Applicable

Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOMSI, SAMIR F
12995 SOUTH CLEVELAND
STE 234
FORT MYERS FL 33907

7. Name and Address of New Registered Agent



S. Homsi, Inc./McDonald's
8971 Daniels Center Dr. #310
Fort Myers, FL 33912

Zip Code

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

S. Homsi, INC. Samir F. Homsi President 1/29/07

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOMSI, SAMIR F
12995 SOUTH CLEVELAND
FORT MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOMSI, PATRICIA JO
12995 SOUTH CLEVELAND
FORT MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Samir F. Homsi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-07

Date

239-739-9020

Daytime Phone #