2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000010112

1. Entity Name

DO YOUR HOME A FAVOR, INC.



FILED Feb 07, 2008 08:00 Al Secretary of State

				COD WE LEY				
Principal Plac	ce of Business	Mailing Address		·				
5600 FLAG	LER DR	5600 N. FLAGL	ER DR.					
#409 WEST PALM BEACH FL 33407		#409	- A CULEL 00407		1			i i i i i i i i i i i i i i i
WEST PALM	M BEACH FL 33407	WEST PALM BE	EACH FL 33407					
2. Principal f	Place of Business - No P.C. Box #	3. Mariing Addres	3	······································) jaral (12 lalii 1881) 581) 1881) 59) ja 1	8181 B 84181 BB	
Suite, Apt. #. etc.		Suite, Apt. #. etc.		1st MOORE CR2E034 (10/07)				
City & State		City & State	City & State		4. FEI Numb	65-0728159 Applied For Not Applicable		
Zıp	Country	Z:p	Z:p Country		5. Certificate	e of Status Desired [\$8.75 Fee Req	Additional
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
MCI 560 #40	LOUGHLIN, MICHAEL 10 POINSETTIA 10		Sir		Street Address (P.O. Box Number is Not Acceptable)			
	ST PALM BEACH FL 3340	7						
				City	FL Zip Code			
	anamed entity submits this statement tions of registered agent.	for the purpose of chan	iging its registered	d office or regist	ered agent, or bo	ote, in the State of Florida	l am familiar v	ith, and accept
SIGNATURE	Significate, typed or overced harve of registered was	entancible Fampicacie	(NOTE Registered	Ager Legip Hurc (equir	ro when reinhalte at		DATE	****
5 10 me (10 m) 1822 2			,			<u> </u>	····	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department	00,4,5,000.				9. Election Campaign Trust Fund Contribu		55.00 May Be Added to Fees
10,	OFFICERS AN	ID DIRECTORS	11,		ADDITIONS	CHANGES TO OFFICER	IS AND DIRECT	ORS IN 11
TITLE	PSTD	☐ Dere	rte TITLE				☐ Chan	
NAME	MCLOUGHLIN, MICHAEL		NAME			U00000818		
STREET ADDRESS	5600 NORTH FLAGLER DR		STREET A		02/15/08-80048-017 150.00			
CITY ST-ZIP	WEST PALM BEACH FL 33407		CITY-S	OT ZIP				
TITLE		☐ Dale	ele TITLE				☐ Chan	ge 🔲 Addition 🕽
NAME			NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-5	S1-21P				
INTE		☐ Dele					Chan	ge 🗌 Addition
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP		•	CITY-5	1				
TITLE					·		Chan	ge 🔲 Addition
NAME		LLJ De-e	ne mee					ge <u></u> Midiron
STREET ADDRESS				" ADDRESS				
CITY-ST-ZIP			CITY-C	1				
TIPLE		☐ De-e	ele TITLE				☐ Chan	ge 🔲 Addition
NAME			NAME					_
STREET ADDRESS	İ		STREET	FADORESS				
CITY-ST-ZIP			CITY-S	SI-ZIP				
TITLE		☐ Dele	de TITLE	<u> </u>			☐ Charı	ge 🔲 Addition
NAME		_ ***	NAME				_	_
STREET ADDRESS			STREET	FADDRESS				
•	1		a	S SPERILOG				1
CITY ST ZIP			CITY-5					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes: I further certify that the information indicated on this report or suppliernental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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

week mayer "

CHARL MCLoughlin

2-5-08

561-628

Day: nie Phone #