

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90064 007 ***150.00

DOCUMENT # P97000010461 1. Entity Name HOMESPEC SERVICES, INC.			
Principal Place of Business 81167 OVERSEAS PKWY ISLAMORADA, FL 33036		Mailing Address PO BOX 292 ISLAMORADA, FL 33036	
2. Principal Place of Business - No P.O. Box # 114 JEROME AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State ISLAMORADA		City & State ISLAMORADA	
Zip FL 33036 Country U.S.A.		Zip Country	
6. Name and Address of Current Registered Agent PAUROWSKI, HENRY 81933 OLD HWY ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent Name PAUROWSKI, HENRY Street Address (P.O. Box Number is Not Acceptable) 114 JEROME AVE City ISLAMORADA FL Zip Code 33036	
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 Henry Paurowski HENRY PAUROWSKI 12/09/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUROWSKI, HENRY <input type="checkbox"/> Delete 81933 OLD HWY ISLAMORADA, FL 33036	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUROWSKI, HENRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 114 JEROME AVE. ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Henry Paurowski HENRY PAUROWSKI 12/09/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 12/09/07 Daytime Phone # 305 664-7176	

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4. FEI Number **65-0729663** Applied For ☐ Not Applicable ☐

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