

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011305

FILED
Jan 26, 2009
Secretary of State

Entity Name: TOTAL HOME SERVICES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

950 NORTH COLLIER BLVD
SUITE 206
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1430
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 59-3491852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, DAVID G
839 S. BARFIELD DRIVE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RICE, DAVID
Address: 184 STILLWATER COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD () Delete
Name: RICE, JEANNE T
Address: 184 STILLWATER COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: PD () Delete
Name: RICE, DAVID G
Address: 839 S. BARFIELD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. RICE

PD

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date