2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

ANNUAL KEPUKI					Secretary of State					
DOCUMENT # P99000029482 1. Entity Name HOME STYLE IMPROVEMENT, INC.					Λ	05-	05-2008 9	90247 046 ***	150.00	
					4					
Principal Place of Business 175 6TH ST. BONITA SPRINGS, FL 34134 US 175 6TH ST. BONITA SPRINGS, FL 34134 US			134 US							
			,					13 E 3 3 E 3 5 4 1		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 370 35TH AVE NE 370 35TH A			AVE NE							
Suite, Apt. #, etc. Suite, Apt. #, etc.					04292008	Chg-	Р (CR2E034 (12/06)		
	PLES FL	City & State NAPLES FL			4. FEI Number 59-356			 -	oplied For ot Applicable	
Zip 341	20 Country	^{Zip} 34120	Country		5. Certificate	of Status E	esired	S8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address	of New Regis	itered Agent		
LEBLANC, FINIS B				Name						
175 6TH ST. BONITA SPRINGS, FL 34134				Street Address (P.O. Box Number is Not Acceptable) 370 35 TH AVE NE						
			City							
				VAPLES FL Zip Code 34120						
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 particles agent.							_			
SIGNATURE Signatury typed or printed name of registered apport and title if applicable (NOTE: Registered Aport signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES	TO OFFICE	RS AND DIRECTOR	\$ IN 11	
NAME STREET ADDRESS	LEBLANC, FINIS B 175 6TH ST.	☐ Delete	NAME STREET ADDRESS	370				⊠ Change	☐ Addition	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	NA	PLES	FL	3412C			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME STREET ADDRESS							
STREET AODRESS CITY-ST-ZIP	-		CITY-ST-ZIP						<u>-</u> .	
TITLE		☐ Delete	IIILE					☐ Change	☐ Addition	
MAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	THE					☐ Change	Addition	
NAME		Li Delete	NAME.							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip							
TITLE		☐ Delete	TITLE					Спапде	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP							
	[this filing does not qualify for t		ontained	in Chapter 119	a. Florida S	tatutes i fort	her certify that the i	nformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 chapted, or on an attachment with an address, with all other like empowered.										