

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90247 046 \*\*\*150.00

<b>DOCUMENT # P99000029482</b>					
<b>1. Entity Name</b> HOME STYLE IMPROVEMENT, INC.					
<b>Principal Place of Business</b> 175 6TH ST. BONITA SPRINGS, FL 34134 US			<b>Mailing Address</b> 175 6TH ST. BONITA SPRINGS, FL 34134 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 370 35TH AVE NE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 370 35TH AVE NE Suite, Apt. #, etc.			
<b>City &amp; State</b> NAPLES FL		<b>City &amp; State</b> NAPLES FL		<b>4. FEI Number</b> 59-3567090	
<b>Zip</b> 34120		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LEBLANC, FINIS B 175 6TH ST. BONITA SPRINGS, FL 34134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 370 35TH AVE NE City NAPLES FL Zip Code 34120		
<b>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.</b> SIGNATURE: <u>Finis B. LeBlanc</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-30-08</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBLANC, FINIS B 175 6TH ST. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEBLANC, FINIS B 175 6TH ST. BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Finis B. LeBlanc</u>				Date: <u>4-30-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	