


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000039661 1. Entity Name HOME OWNERS SERVICES OF TAMPA, INC.						FILED 05 JUN 27 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 111 SOUTH ARMENIA AVENUE SUITE 101 TAMPA, FL 33609				Mailing Address 111 SOUTH ARMENIA AVENUE SUITE 101 TAMPA, FL 33609			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent BENNATI, ALVIN A JR 111 SOUTH ARMENIA AVENUE SUITE 101 TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
Amended AR is \$61.25				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	DVP FRANGIONE, LOUIS 111 S ARMENIA AVE SUITE 200 TAMPA, FL 33609 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Delete BENNATI, ALVIN SR 111 S ARMENIA AVE SUITE 200 TAMPA, FL 33609			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057315554 07/12/05--01010--011 **\$1.25		
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		
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 exemption stated in Section 119.07(3)(i), 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: <i>Louis C. Frangione</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6/20/05 813-873-1999 <small>Date Daytime Phone #</small>			