

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051362

FILED  
Jun 02, 2009  
Secretary of State

**Entity Name:** COMPLETE HOME SERVICES OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

10051 N.W. 215 LANE RD.  
MICANOPY, FL 32667

**New Principal Place of Business:**

**Current Mailing Address:**

10051 N.W. 215 LANE RD.  
MICANOPY, FL 32667

**New Mailing Address:**

**FEI Number:** 59-3588448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITT, BLAINE  
10051 N.W. 215 LANE RD.  
MICANOPY, FL 32667 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: OSP ( ) Delete  
Name: WHITT, BLAINE  
Address: 10051 NW 215TH LANE ROAD  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BLAINE WHITT

MR

06/02/2009

Electronic Signature of Signing Officer or Director

Date