

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90153 001 *2,375.00

DOCUMENT # P99000069959 1. Entity Name DRS HOME SERVICES, INC.					
Principal Place of Business 14955 GULF BOULEVARD SUITE 5 MADEIRA BEACH, FL 33708 US			Mailing Address 14955 GULF BOULEVARD SUITE 5 MADEIRA BEACH, FL 33708 US		
2. Principal Place of Business 14955 Gulf Boulevard		3. Mailing Address 14955 Gulf Boulevard			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2			
City & State Madeira Beach, FL		City & State Madeira Beach, FL			
Zip 33708	Country US	Zip 33708	Country US	4. FEI Number 65-0940407	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUNNING, RANDAL P 14955 GULF BOULEVARD SUITE 5 MADEIRA BEACH, FL 33708			7. Name and Address of New Registered Agent Name Gunning, Randal P. Street Address (P.O. Box Number is Not Acceptable) 14955 Gulf Boulevard Suite 2 City Madeira Beach FL Zip Code 33708		
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  President and Registered Agent 727-391-5512 (NOTE: Registered Agent signature required when reissuing) DATE 8/23/05					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	PSTD GUNNING, RANDAL P <input type="checkbox"/> Delete 14955 GULF BOULEVARD, SUITE 5 MADEIRA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gunning, Randal P. 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gunning, Darlene 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	
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	
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:  President			8/23/05		727-391-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #