

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000099022

1. Entity Name
COMPLETE HOMES & PROPERTY MANAGEMENT
SERVICES, INC.



FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business
1491 EAST WIND BLVD
KISSIMMEE, FL 34746

Mailing Address
1491 EAST WIND BLVD
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

(P99000099022P)

04242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3607830 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, NOEL V
1491 EAST WIND BLVD.
KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, NOEL V
STREET ADDRESS 1491 EAST WIND BLVD
CITY- ST- ZIP KISSIMMEE, FL 34746

TITLE STD
NAME SMITH, MARY E
STREET ADDRESS 1491 EAST WIND BLVD
CITY- ST- ZIP KISSIMMEE, FL 34746

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CITY- ST- ZIP

UN00000333994
04/27/05-80027-002 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 25/05