

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000099022

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



Principal Place of Business

**1491 EAST WIND BLVD
KISSIMMEE, FL 34746**

Mailing Address

**1491 EAST WIND BLVD
KISSIMMEE, FL 34746**



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 file if applicable. (NOTE: Registered Agent Signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

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

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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**U00000565532
05/20/06-80139-023 150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

MAY 02/06

Date

Daytime Phone #