

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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
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02052008 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, NOEL V 1491 EAST WIND BLVD. KISSIMMEE, FL 34746
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, NOEL V 1491 EAST WIND BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, MARY E 1491 EAST WIND BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/18/08-80004-019 150.00

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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: M. Smith MARY SMITH FEB. 20, 2008 407-297-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #