

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90028 041 \*\*\*150.00

DOCUMENT # P99000102935

1. Entity Name

HOME SOLUTIONS & QUALITY SERVICES, INC.



Principal Place of Business

18981 NORTH MIAMI AVENUE  
SUITE 208  
MIAMI FL 33169

Mailing Address

18981 NORTH MIAMI AVENUE  
SUITE 208  
MIAMI FL 33169

2. Principal Place of Business

621 N. 67th Street  
Suite, Apt. #, etc.

3. Mailing Address

621 N. 67th Street  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Hollywood  
Zip 33024 Country USA

City & State

Hollywood  
Zip 33024 Country USA

4. FEI Number

65-0964378

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONINE, MERLAND J  
27501 S. DIXIE HWY  
NARANJA FL 33052

7. Name and Address of New Registered Agent

Name Merland J. Conine  
Street Address (P.O. Box Number is Not Acceptable)  
1799 NE 164th Street, Ste 113  
City North Miami Beach FL Zip Code 33162

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD  
NAME WOOLLEY, DIN H  
STREET ADDRESS 18981 NORTH MIAMI AVENUE SUITE 208  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE SD  
NAME CONINE, MERLAND J  
STREET ADDRESS 27501 S. DIXIE HWY  
CITY-ST-ZIP NARANJA FL 33052 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 621 N. 67th Street  
CITY-ST-ZIP Hollywood, FL 33024 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1799 NE 164th St, Ste 113  
CITY-ST-ZIP North Miami Beach, FL 33162 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/05

954-965-7929  
Daytime Phone #