

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90041 014 \*\*\*150.00

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02062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # V67403</b>					
1. Entity Name HOMEPRO OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 18337 QUADRILLE AVE PORT CHARLOTTE, FL 33948 US			Mailing Address 18337 QUADRILLE AVE PORT CHARLOTTE, FL 33948 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0363764	
				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			7. Name and Address of New Registered Agent		
HALL, KENNETH A. 18337 QUADRILLE AVE PORT CHARLOTTE, FL 33948			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, KENNETH A		NAME		
STREET ADDRESS	18337 QUADRILLE AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, MIDI D		NAME		
STREET ADDRESS	18337 QUADRILLE AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, JAMES L		NAME	D HALL, JAMES L.	
STREET ADDRESS	1526-4 PARK MEADOWS DR		STREET ADDRESS	868 XAVIER AVE. N.	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James L. Hall</i>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					