I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Ρ

SIGNATURE: PAMELA SMITH	

#### **Officer/Director Detail :**

Title	Ρ	Title	VP	
Name	SMITH, PAMELA	Name	SMITH, PAUL A	
Address	16281 76 ST N	Address	16281 76 ST N	
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470	

# **2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063391

Entity Name: ESTATE HOME WATCH INCORPORATED

#### **Current Principal Place of Business:**

16281 76 ST N LOXAHATCHEE, FL 33470

#### **Current Mailing Address:**

10130 NORTHLAKE BLVD STE214 BOX 112 WPB, FL 33412 US

### FEI Number: 27-0633779

#### Name and Address of Current Registered Agent:

SMITH, PAMELA 16281 76 ST N LOXAHATCHEE, FL 33470 US

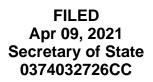
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

Title	Р	Title	VP		
Name	SMITH, PAMELA	Name	SMITH, PAUL A		
Address	16281 76 ST N	Address	16281 76 ST N		
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470		

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

04/09/2021 Date

Date