2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State
08-25-2008 90003 001 ***150.00

DOCUMENT # 153599

1. Entity Name
HOMER PROPERTIES, INC.

Principal Place of Business	Mailing Address
387 1/2 MANDSLEY AVE CLEARWATER BEACH, FL 33767 US	387 1/2 MANDSLEY AVE CLEARWATER BEACH, FL 33767 US

08182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2377 Flint Lock Dr	2377 Flint Lock Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Fl.	City & State: Clearwater, Fl.
Zip: 33765 Country: USA	Zip: 33765 Country: USA

4. FEI Number: 59-0591945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLINE, HARRY S 325 COURT STREET., STE 200 CLEARWATER, FL 33756	Name: John W. Homer SR. Street Address (P.O. Box Number is Not Acceptable): 2377 Flint Lock Dr. City: Clearwater FL Zip Code: 33765

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: John W. Homer, SR. 8/15/08
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
Due by September 12, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOMER, JOHN W SR 2377 FLINT LOCK DRIVE CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOMER, MICHELE H 2377 FLINT LOCK DRIVE CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert C. Homer 2848 Wesleyan Dr. Port Charlotte, Fl. 33984	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: John W. Homer John W. Homer 8/15/08 727-692-0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #