

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003316

FILED
Mar 24, 2009
Secretary of State

Entity Name: HOME IMPORTS OF FLORIDA, INC.

Current Principal Place of Business:

4924 FIRST COAST HWY., STE. 5
AMELIA ISLAND, FL 32034

New Principal Place of Business:

4828 FIRST COAST HIGHWAY
SUITE 3
AMELIA ISLAND, FL 32034

Current Mailing Address:

4924 FIRST COAST HWY., STE. 5
AMELIA ISLAND, FL 32034

New Mailing Address:

4924 FIRST COAST HIGHWAY
SUITE 5
AMELIA ISLAND, FL 32034

FEI Number: 58-2080697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENNILLE, WILSON R SR.
4924 FIRST COAST HWY., STE. 5
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

TENNILLE, WILSON R SR.
4924 FIRST COAST HIGHWAY
SUITE 5
AMELIA ISLAND, FL 32034 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: TENNILLE, WILSON R SR.
Address: 4924 FIRST COAST HWY., STE. 5
City-St-Zip: AMELIA ISLAND, FL 32034

Title: STD () Delete
Name: TENNILLE, TERRI
Address: 4924 FIRST COAST HWY., STE. 5
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: TENNILLE, WILSON R SR.
Address: 4924 FIRST COAST HWY., SUITE 5
City-St-Zip: AMELIA ISLAND, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILSON R. TENNILLE

PC

03/24/2009

Electronic Signature of Signing Officer or Director

Date