

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90107 033 \*\*\*150.00

**20065468**



<b>DOCUMENT # F96000002004</b>					
1. Entity Name <b>AMERICA'S HOME PLACE, INC.</b>					
Principal Place of Business <b>PO BOX 1316 GAINESVILLE, GA 30503</b>		Mailing Address <b>PO BOX 1316 GAINESVILLE, GA 30503</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-1216576</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIGDON, DAVE 9540 W. COLONIAL DRIVE OCOE, FL 34761</b>			7. Name and Address of New Registered Agent Name <b>William (Bill) Nance</b> Street Address (P.O. Box Number is Not Acceptable) <b>2452 W. Brandon Blvd.</b> <b>Brandon, FL</b> <b>33511</b> 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 <b>Bill Nance</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>7/5/05</b>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	PCD CONNER, BARRY G 1515-B SKELTON ROAD GAINESVILLE, GA 30504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>		SIGNATURE (Typed or Printed Name of Officer or Director)		Date	
				Daytime Phone #	