2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State

Daytime Phone #

Date

DOCUMENT # F9600002004 1. Entity Name AMERICA'S HOME PLACE, INC.						07-14-2008 90028 038 ***150.00					
Principal Place PO BOX 1310 GAINESVILLE	6	Mailing Address PO BOX 1316 GAINESVILLE, GA 30503		, .			cutta Birm Shiri Balli abil	1 29km 88175 MBN 81	161 - 2 11 - 2 12	17 5 1 1741	
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07082008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Numbe 58-121				plied For t Applicable		
Žip			Coun	try			of Status Desired	Fee	.75 Add Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name							
NANCE, WILLIAM (BILL) 2452 W BRANDON BLVD BRANDON, FL 33511			Street Address (P.O. Box Number is Not Acceptable)								
STANDON, FE 33311											
			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											
Signature, typed or phyted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										i	
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finar Trust Fund Contribution.				~ —		00 May Be d to Fees	In accordance v corporation did				
10.			11.			ADDITIONS/	CHANGES TO OFF				
TITLE NAME			TITLE NAM					Ū2	Change	Addition	
STREET ADDRESS	1515-B SKELTON ROAD										
CITY-ST-ZIP					Gau	nesville	GA 3050			E3 Addition	
TITLE NAME		☐ Delete	TITLE NAM					L	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE			TITLE		·				Change	☐ Addition	
NAME			NAM					_			
STREET ADDRESS CITY-ST-ZIP			3	EET ADDRESS -ST-ZIP							
TITLE	☐ Defete		TITU	E			·] Change	☐ Addition	
NAME STREET ADDRESS			NAM CTR	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE			TITU		_				Change	☐ Addition	
NAME Street Address			NAM STRE	EET ADDRESS							
CITY-ST-ZIP				'-S1-ZIP		 					
TITLE				E .] Change	☐ Addition	
STREET ADDRESS			NAM STRE	EET ADORESS							
CITY-ST-ZIP				r-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 of trustee empowered trackecute 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.											