

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 021 ****70.00

DOCUMENT # N01000001709	
1. Entity Name HOME AT LAST INTERNATIONAL, INC.	

Principal Place of Business 1727 N. ATLANTIC AVE COCOA BEACH, FL 32931	Mailing Address 3960 S. BANANA RIV. BLVD. COCOA BEACH, FL 32931
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44021480



2. Principal Place of Business	3. Mailing Address 1727 N. Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Cocoa Beach, FL
Zip	Zip 32931
Country	Country Bleuward

01222004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3717808	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUNYAN, GARY G 3960 S. BANANA RIVER BLVD COCOA BEACH, FL 32931	
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7. Name and Address of New Registered Agent	
Name Rachel Forness	
Street Address (P.O. Box Number is Not Acceptable) 333 S. Atlantic Ave.	
City Cocoa Beach	FL 32931

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 <i>Rachel Forness</i>	DATE 3/10/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNESS, RACHEL 333 S ATLANTIC AVE COCOA BEACH, FL 32931 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIXON, JOYCE 29 FAIRWAY DR COCOA BEACH, FL 32931 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNYAN, GARY 3960 S BANANA RIVER BLVD COCOA BEACH, FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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 617, 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: <i>Rachel Forness</i>	DATE: 3/10/04 DAYTIME PHONE #: 321-868-2229