


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004679 1. Entity Name HOMES FOR INDEPENDENCE, INC.	
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FILED

04 MAR -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760 US	Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33760 US
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02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3342379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS, GENE 2735 WHITNEY ROAD CLEARWATER, FL 34618
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SANDONATO, WILLIAM JR.
STREET ADDRESS	2735 WHITNEY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	VD
NAME	KREISLE, LORI
STREET ADDRESS	5300 10TH AVENUE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	D
NAME	SAMUELSON, JANET
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	STD
NAME	NEVILLE, MIKE
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	JENSEN, MARY
STREET ADDRESS	1130 94TH AVENUE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	D
NAME	KLENKE, GUY
STREET ADDRESS	2735 WHITNEY RD
CITY-ST-ZIP	CLEARWATER, FL 33760

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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: Lori J. Kreisle 2-20-04 727-538-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #