


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # N95000004679 1. Entity Name HOMES FOR INDEPENDENCE, INC.	
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Principal Place of Business 2735 WHITNEY ROAD CLEARWATER, FL 33760 US	Mailing Address 2735 WHITNEY ROAD CLEARWATER, FL 33760 US
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02162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3342379	Applied For 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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

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

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

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02/28/05-80002-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William Kreisle* 2/16/05 (727) 538-7370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #