

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052250

FILED
May 27, 2004
Secretary of State

Entity Name: HOME MANAGEMENT TEAM, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE SUITE 160
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

PO BOX 470456
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3682198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUMPHREY, THOMAS L
609 TRUMPET DR
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: PUMPHREY, THOMAS L
Address: 609 TRUMPET DR
City-St-Zip: CELEBRATION, FL 34747

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: PUMPHREY, THOMAS L
Address: 609 TRUMPET PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: BROK () Change (X) Addition
Name: SHELTON, CATHY BROKER
Address: 609 TRUMPET PLACE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY SHELTON

BROK

05/27/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date