


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90012 030 \*\*\*150.00

<b>DOCUMENT # P00000081401</b> 1. Entity Name <b>HOME FRONT, INC.</b>	
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Principal Place of Business <b>239 S GROVE ST VENICE, FL 34292</b>	Mailing Address <b>120 ROSE DRIVE VENICE, FL 34293</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>239 S. GROVE ST.</b> Suite, Apt. #, etc.
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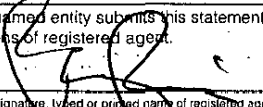
City & State <b>VENICE, FL</b>	City & State <b>VENICE, FL</b>	4. FEI Number <b>65-1050438</b>	Applied For Not Applicable
Zip <b>34292</b>	Country <b>SARASOTA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



02182004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  <b>BISHOP, BRIAN C 120 ROSE DRIVE VENICE, FL 34293</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

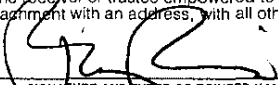
SIGNATURE  DATE **2-22-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD BISHOP, BRIAN C	Delete <input type="checkbox"/>		TITLE	ST	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	BISHOP, BRIAN C			NAME			
STREET ADDRESS	120 ROSE DR			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE	VP	Delete <input type="checkbox"/>		TITLE	S	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME	BISHOP, JEANNE B			NAME			
STREET ADDRESS	120 ROSE DR			STREET ADDRESS			
CITY-ST-ZIP	VENICE, FL 34293			CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>		TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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.

SIGNATURE:  **BRIAN BISHOP**  
PRESIDENT

Date: **2-22-04** Daytime Phone #: **941-423-7772**