

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90457 043 ***150.00



DOCUMENT # P01000046493
 1. Entity Name
 THE HOME STORE OF GAINESVILLE, INC.

Principal Place of Business
 5816 S.W. ARCHER ROAD #1
 GAINESVILLE, FL 32608

Mailing Address
 5816 S.W. ARCHER ROAD #1
 GAINESVILLE, FL 32608

2. Principal Place of Business
 3601 SW 2nd Ave
 Suite, Apt. #, etc.
 Suite F

3. Mailing Address
 3601 SW 2nd Ave
 Suite, Apt. #, etc.
 Suite F

City & State
 Gainesville, FL

City & State
 Gainesville, FL

Zip
 32607

Country
 ALACHUA

Zip
 32607

Country
 ALACHUA

04142004 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3718260

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

ARNOLD, EUGENE C
 5816 S.W. ARCHER ROAD
 LOT #1
 GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
 Charles G. Wright

Street Address (P.O. Box Number is Not Acceptable)
 3601 SW 2nd Ave
 Suite F

City
 Gainesville

FL

Zip Code
 32607

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 Charles G. Wright P 4/28/04

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, EUGENE C	
STREET ADDRESS	5816 S.W. ARCHER ROAD #1	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, CHARLES G	
STREET ADDRESS	ROUTE 17 BOX 1129	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, PATRICIA E	
STREET ADDRESS	5816 S.W. ARCHER ROAD #1	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles G. Wright	
STREET ADDRESS	3601 SW 2nd Ave Suite F	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Charles G. Wright P 4/28/04 352-494-7990

Signature and typed or printed name of signing officer or director Date Daytime Phone #