

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012586

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** HOME AGAIN PROPERTIES OF NORTH FLORIDA, INC

**Current Principal Place of Business:**

609 HANNAH PARK LN  
SAINT AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

**Current Mailing Address:**

609 HANNAH PARK LN  
SAINT AUGUSTINE, FL 32095 US

**New Mailing Address:**

**FEI Number:** 20-4110066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELSH, HAROLD K  
609 HANNAH PARK LN  
SAINT AUGUSTINE, FL 32095 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WELSH, HAROLD K  
Address: 609 HANNAH PARK LN  
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: VP  
Name: WELSH, REBECCA I  
Address: 609 HANNAH PARK LN  
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

I hereby 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 all other like empowered.

SIGNATURE: HAROLD K. WELSH

P

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date