

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000100175

Entity Name: HOME CAREERS, INC.**Current Principal Place of Business:**727 BISON ST
PENSACOLA, FL 32514**Current Mailing Address:**727 BISON ST
PENSACOLA, FL 32514 US**FEI Number:** 47-3421507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WENDT, RICHARD K
727 BISON ST
PENSACOLA, FL 32514 US*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**Officer/Director Detail :**

Title	DIR
Name	WENDT, RICHARD K
Address	727 BISON ST
City-State-Zip:	PENSACOLA FL 32514

Title	DIR
Name	WENDT, HEIDI N
Address	727 BISON ST
City-State-Zip:	PENSACOLA FL 32514

Title	PRES
Name	WENDT, RICHARD K
Address	727 BISON ST
City-State-Zip:	PENSACOLA FL 32514

Title	VP
Name	WENDT, HEIDI N
Address	727 BISON STREET
City-State-Zip:	PENSACOLA FL 32514

Title	SECRETARY
Name	WENDT, DONNA M
Address	7241 PAR LANE
City-State-Zip:	MILTON FL 32570

Title	TREASURER
Name	WENDT, ABBY M
Address	727 BISON STREET
City-State-Zip:	PENSACOLA FL 32514

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: RICHARD WENDT**PRESIDENT****03/18/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date