

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # 153599

1. Entity Name
HOMER PROPERTIES, INC.



Principal Place of Business
**2219 SOUTH DALE MABRY
TAMPA, FL 33629 US**

Mailing Address
**2219 SOUTH DALE MABRY
TAMPA, FL 33629 US**



03112005 No Chg-P CR2E034 (10/03)

4. FCI Number
59-0591945

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLINE, HARRY S
325 COURT STREET., STE 200
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOMER, JOHN W SR
STREET ADDRESS	2377 FLINT LOCK DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	SD
NAME	HOMER, MICHELE H
STREET ADDRESS	2377 FLINT LOCK DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000268466
03/18/05-80042-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *John W Homer, Sr.* **John W Homer, Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05

813-259-3717

Daytime Phone #