


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 153599 1. Entity Name HOMER PROPERTIES, INC.	
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Principal Place of Business 2219 SOUTH DALE MABRY TAMPA, FL 33629 US	Mailing Address 2219 SOUTH DALE MABRY TAMPA, FL 33629 US
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06142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0591945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLINE, HARRY S 325 COURT STREET., STE 200 CLEARWATER, FL 33756

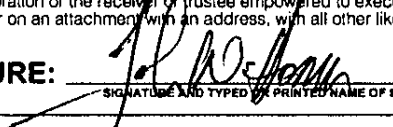
DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000567428 06/20/06-80002-008 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOMER, JOHN W SR 2377 FLINT LOCK DRIVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOMER, MICHELE H 2377 FLINT LOCK DRIVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, President 6/16/06 813-259-3717	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>