

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 313570

FILED
Apr 12, 2004
Secretary of State

Entity Name: HOMESTEAD ISLANDERS, INC.

Current Principal Place of Business:

830 NO KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

830 NO KROME AVE
HOMESTEAD, FL 33030 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, SANDRA T
830 NO KROME AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

LYNN, SANDRA T
830 NO KROME AVE
HOMESTEAD, FL 33030 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: SANDRA T. LYNN

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LYNN, SANDRA T
Address: 830 N KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: WOOD, SAM G,
Address: 401 N.E. 11TH ST
City-St-Zip: HOMESTEAD, FL

Title: SD () Delete
Name: HODSON, BETTE O.,
Address: 830 N KROME AVE.
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOOD, SAM G
Address: 401 N.E. 11TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: SD (X) Change () Addition
Name: HODSON, BETTE O
Address: 830 N KROME AVE.
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA T. LYNN

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date