2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 630629

1. Entity Name

HOME COMFORT CENTER, INC.

Principal Place of Business	Mailing Address
4855 62 AVE NORTH PINELLAS PARK FL 33781 US	4855 62 AVE NORTH PINELLAS PARK FL 33781 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

1st MOORE   CR2E034 (10/04)

4. FEI Number 59-1965234	Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTELL, ALBERT B. 8083 STIMIE AVE., N. ST. PETERSBURG FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTELL, ALBERT B.		NAME	U000000252820
STREET ADDRESS	8083 STIMIE AVE. N.		STREET ADDRESS	03/07/05-80010-009 150.00
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Albert B Martell_ Pres.   2-19-05   727 455 1930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #