

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 033 ***150.00

DOCUMENT # F00000000583

1. Entity Name
HOMEFIRST AGENCY, INC.



Principal Place of Business
**5000 CLAYTON ROAD
MARYVILLE, TN 37804 US**

Mailing Address
**PO BOX 4098
MARYVILLE, TN 37802 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008

Chg-P

CR2E034 (12/06)

4. FEI Number
62-1764688

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **CLAYTON, KEVIN T**
CITY-ST-ZIP **5000 CLAYTON ROAD
MARYVILLE, TN 37804**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ELLIS, DAN**
CITY-ST-ZIP **5000 CLAYTON ROAD
MARYVILLE, TN 37804**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KALEC, JOHN**
CITY-ST-ZIP **5000 CLAYTON ROAD
MARYVILLE, TN 37804**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RHOADES, TIM**
CITY-ST-ZIP **5000 CLAYTON ROAD
MARYVILLE, TN 37804**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KRUPACS, AMBER**
CITY-ST-ZIP **5000 CLAYTON ROAD
MARYVILLE, TN 37804**

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **JORDAN, DAVID**
CITY-ST-ZIP **5000 CLAYTON RD
MARYVILLE, TN 37804**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **DENNIS OGIE**
CITY-ST-ZIP **5000 Clayton Road
Maryville, TN 37804**

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

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

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

TITLE ☐ Change ☐ Addition
NAME **Amber Krupacs**
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

(865)380-3000

Daytime Phone #