



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90102 021 ***150.00

DOCUMENT # F03000002686 1. Entity Name HOME SWEET HOME EQUITY CORP.					
Principal Place of Business 2677 COUNTY ROAD 10 MOUNDSVIEW, MN 55112			Mailing Address 2677 COUNTY ROAD 10 MOUNDSVIEW, MN 55112		
2. Principal Place of Business 2345 Rice St. Suite, Apt. #, etc. Suite 240		3. Mailing Address 2345 Rice St. Suite, Apt. #, etc. Suite 240			
City & State Roseville, MN		City & State Roseville, MN		4. FEI Number 41-1990108	
Zip 55113		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JONAS, TRENT <input type="checkbox"/> Delete 2677 COUNTY RD 10 MOUNDSVIEW, MN 55112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD JONAS, TRENT <input type="checkbox"/> Delete 2677 COUNTY RD 10 MOUNDSVIEW, MN 55112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Mielke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2345 Rice St., Suite 240 Roseville, MN 55113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS FRANTZ, JENNIFER <input type="checkbox"/> Delete 2677 COUNTY RD 10 MOUNDSVIEW, MN 55112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-20-04 651292-9406 Date Daytime Phone #		