

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F29264

1. Entity Name
HOMEOWNERS FINANCIAL RESOURCES, INC.



Principal Place of Business

1304 S.W. 160TH AVE
SUITE 347
SUNRISE, FL 33326-1902

Mailing Address

1304 S.W. 160TH AVE
SUITE 347
SUNRISE, FL 33326-1902

FILED.

04 FEB 12 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2085178

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLICHTE, PAUL G
C/O RAY A. SCHLICHTE JR., P.A.
2134 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

**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.

*CHANGE OF REGISTERED AGENT FORM SENT
TO YOUR PO BOX 6327*

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ARONSON, ROSALIND
STREET ADDRESS	1304 S.W. 160TH AVE SUITE 347
CITY-ST-ZIP	SUNRISE, FL 333261902
TITLE	PT
NAME	ARONSON, IRA J
STREET ADDRESS	1304 S.W. 160TH AVE SUITE 347
CITY-ST-ZIP	SUNRISE, FL 333261902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600029125376
02/20/04--01028--025 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

IRAJ ARONSON 2/15/04 520-977-6890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT