

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000005225

1. Entity Name
HOME123 CORPORATION



Principal Place of Business

**340 COMMERCE
SUITE 100
IRVINE, CA 92602**

Mailing Address

**18400 VON KARMAN
SUITE 1000
IRVINE, CA 92612**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0854965

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**

**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.

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	MORRICE, BRADLEY A
STREET ADDRESS	18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	CEO
NAME	FLANAGAN, PATRICK J
STREET ADDRESS	18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	CFO
NAME	DODGE, PATTI M
STREET ADDRESS	18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	S
NAME	THEOLOGIDES, STERGIOS
STREET ADDRESS	18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	PRES
NAME	VERNON, CARL
STREET ADDRESS	18400 VON KARMAN, SUITE 1000
CITY-ST-ZIP	IRVINE, CA 92612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

Patrick J. Flanagan

3/7/05

949-743-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #