

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90014 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # G63345

1. Corporation Name  
 HOMESTRETCH, INC.

\* Did not  
 receive first  
 notice



Principal Place of Business  
 9511 BEAR LAKE CR  
 APOPKA FL 32703  
 US

Mailing Address  
 9511 BEAR LAKE CR  
 APOPKA FL 32703  
 US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
 10/03/1983

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2537077	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation owes the current year Intangible Personal Property.	Yes No
24	25	28	30

## 9. Name and Address of Current Registered Agent

MCGAHEY, SHAWNIE  
 9511 BEAR LAKE CR  
 APOPKA FL 32703

## 10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHEY, SHAWN	1.2 NAME	
STREET ADDRESS	9511 BEAR LAKE CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHEY, JOSEPH	2.2 NAME	
STREET ADDRESS	9511 BEAR LAKE CR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHEY, SHAWN	3.2 NAME	
STREET ADDRESS	9511 BEAR LAKE CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawnie McGahey

Date

Daytime Phone #

7/29/99

407-293-8625

CR2E034 (5/99)