

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # G68151

1. Entity Name
FIRST OF HOMESTEAD, INC.



Principal Place of Business
**C/O WILLIAM H. LOSNER
PO BOX 609, (1550 N.KROME AVE.)
HOMESTEAD, FL 33090-0609**

Mailing Address
**C/O WILLIAM H. LOSNER
PO BOX 609, (1550 N.KROME AVE.)
HOMESTEAD, FL 33090-0609**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2393284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOSNER, WILLIAM H.
1550 NORTH KROME AVENUE
HOMESTEAD, FL 33030**

**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 SEC-1 applicable.

(NOTE: Registered Agent signature required when registering)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
PEYTON, DAVID A
148 NE 18TH ST
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COSTA, JOSE JR.
22290 SW 162ND AVENUE
GOULDS, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FALCONER, NORMAN
1111 CRANDON BLVD.
KEY BISCAYNE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CDP
LOSNER, WILLIAM H.
20251 S.W. 272 STREET
HOMESTEAD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
ARES, ROBERT
55 NE 18 ST
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000222762
02/10/05-80014-014 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #