

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 012 ***150.00

DOCUMENT # K58731

1. Entity Name
HOME OWNERS MARKETPLACE, INC.



Principal Place of Business
**111 S ARMENIA AVE
STE 100
TAMPA, FL 33609 US**

Mailing Address
**111 S ARMENIA AVE
STE 100
TAMPA, FL 33609 US**

DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2942806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNATI, ALVIN A.
111 S ARMENIA AVE
STE 100
TAMPA, FL 33609**

**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, 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	P
NAME	BENNATI, MARJORIE
STREET ADDRESS	111 S ARMENIA AVE STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VP
NAME	BENNATI, ALVIN A. JR
STREET ADDRESS	111 S ARMENIA AAVE STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	P
NAME	Bennati, Alvin
STREET ADDRESS	111 S. Armenia Ave Ste 100
CITY-ST-ZIP	Tampa, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/06/04

Date

Daytime Phone #