

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67603

Entity Name: HOMESTEAD, INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

8695 COLLOEGE PKWY  
SUITE 205  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 07255  
FT. MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 65-0106208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDMAN, MITCHELL J.  
8695 COLLEGE PKWY  
SUITE 205  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: FRIEDMAN, MITCHELL J. .  
Address: 8192 COLLEGE PARKWAY  
City-St-Zip: FT. MYERS, FL 33919

Title: DT ( ) Delete  
Name: ADAMS, SARAH M  
Address: 1245 MAPLE ST  
City-St-Zip: FORT COLLINS, CO 80521

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL J. FRIEDMAN

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date