

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86841

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: PRESTIGE HOME CENTERS, INC.

## Current Principal Place of Business:

3741 SW 7TH ST.  
OCALA, FL 34474 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1659  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-3015570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TREXLER, TOM  
3741 SW 7TH ST.  
OCALA, FL 34474 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: PD ( ) Delete  
Name: TREXLER, TOM  
Address: 3741 SW 7TH ST  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: SALTSMAN, ROBERT P  
Address: 222 S PENNSYLVANIA AVE STE 200  
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete  
Name: THOMPSON, TRACY  
Address: 3741 SW 7TH ST  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TOM TREXLER

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date