


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR -5 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L88561			
1. Entity Name HOME DISCOUNT SECURITIES, INC.			
Principal Place of Business 12755 INDIAN ROCKS RD LARGO, FL 33774 US		Mailing Address 12755 INDIAN ROCKS RD LARGO, FL 33774 US	
2. Principal Place of Business 3001 Executive Drive Suite, Apt. #, etc. Suite 200 City & State Clearwater, FL Zip 33762 Country USA		3. Mailing Address 3001 Executive Drive Suite, Apt. #, etc. Suite 200 City & State Clearwater, FL Zip 33762 Country USA	
4. FEI Number 59-3023942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'AMARO, JOSEPH J., JR. 12755 INDIAN ROCKS RD LARGO, FL 34644		7. Name and Address of New Registered Agent Name Clifford J. Hunt, Esquire Street Address (P.O. Box Number is Not Acceptable) Kiefner & Hunt, P. A. 146 Second Street North, Suite 300 City St. Petersburg FL Zip Code 33701	
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 <u>Clifford J. Hunt</u> CLIFFORD J. HUNT 3/31/04 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMARO, JOSEPH J., JR. 12755 INDIAN ROCKS RD LARGO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Russell E. Osborn 3001 Executive Drive, Suite 200 Clearwater, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. C. Keith Byington 3001 Executive Drive, Suite 200 Clearwater, FL 33762 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800033099888 04/19/04--01078--012 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800033099888 04/19/04--01078--013 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Russell E. Osborn</u>		Russell E. Osborn, Pres. 3/31/04 727-515-0030 Date Daytime Phone #	



03312004 Chg-P CR2E034 (10/03) MRD