

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 11, 2006  
Secretary of State

DOCUMENT# N00000003251

Entity Name: HOMESPUNJOY, INC.

**Current Principal Place of Business:**

1430 - 54TH STREET SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

1430 - 54TH STREET SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FOSTER, DAVID W  
555 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33701 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

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BARBARA JAYNE JOY FI, SHER  
Address: 1430 - 54TH STREET SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: HILL, BONNIE  
Address: 840 BEACH DRIVE NORTHEAST  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: P ( ) Delete  
Name: MCCARTHY, RUBY DOROTHY  
Address: 1407 YORK STREET S  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: MCADAMS, BARBARA V  
Address: 1430 - 54TH STREET SOUTH  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: SMITH, MARY  
Address: 2045 EAST BAY DRIVE #327  
City-St-Zip: LARGO, FL 33771

**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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBRA JAYNE JOY FISHER

VP

05/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date