

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002640

**FILED**  
**Apr 18, 2004**  
**Secretary of State****Entity Name:** OPERATION HOMEFRONT, INC.**Current Principal Place of Business:**4117 HOLLOWTRAIL DRIVE  
TAMPA, FL 33624**New Principal Place of Business:****Current Mailing Address:**4117 HOLLOWTRAIL DRIVE  
TAMPA, FL 33624**New Mailing Address:****FEI Number:** 36-4526139**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GRAVISS, GINA  
4117 HOLLOWTRAIL DRIVE  
TAMPA, FL 33624**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: PD ( ) Delete  
Name: GRAVISS, ROBERT JR.  
Address: 4117 HOLLOWTRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete  
Name: GRAVISS, GINA  
Address: 4117 HOLLOWTRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: TD ( ) Delete  
Name: GRAVISS, ROBERT III  
Address: 4117 HOLLOWTRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: D (X) Change ( ) Addition  
Name: CALLAHAN, SHIRA  
Address: 4117 HOLLOWTRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

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

Title: D ( ) Change (X) Addition  
Name: MOUTOUX, MYLES  
Address: 4117 HOLLOWTRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Change (X) Addition  
Name: DIAZ, JOHN A JR  
Address: 4117 HOLLOWTRAIL DRIVE  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT GRAVISS, JR

PD

04/18/2004

Electronic Signature of Signing Officer or Director

Date