

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004605

FILED
Jan 30, 2009
Secretary of State

Entity Name: MEDAL OF HONOR HOME, INC.

Current Principal Place of Business:

% HARVEY ANTHONY
6050 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

% HARVEY ANTHONY
6050 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 26-2644144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTHONY, HARVEY
6050 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540 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: CEO () Delete
Name: ANTHONY, HARVEY
Address: 6050 UTOPIA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: ANTHONY, GILDA
Address: 6050 UTOPIA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: CFO () Delete
Name: CARTER, DOROTHY
Address: 10 HIGH ST
City-St-Zip: OAKLAND, ME 04963

Title: D () Delete
Name: ANTHONY, TERRY
Address: 4733 MADISON ST
City-St-Zip: NEW PORT RICHEY, FL 34625

Title: ASD () Delete
Name: ANTHONY, ROSE
Address: 4733 MADISON ST
City-St-Zip: NEW PORT RICHEY, FL 34625

Title: D () Delete
Name: ANTHONY, SAMANTHA
Address: 12 CLARK RD
City-St-Zip: UNITY, ME 04988

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

SIGNATURE: HARVEY ANTHONY

CEO

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date