


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N22139
 1. Entity Name
HOMESTEAD POWER SQUADRON, INC.



Principal Place of Business Mailing Address
100 N.W. 7 STREET **P.O. BOX 900036**
P.O. BOX 0036 **HOMESTEAD, FL 33090-0036**
HOMESTEAD, FL 33030 US

DO NOT WRITE IN THIS SPACE



07192004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1148082 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COSTELLO, THOMAS P.
15350 S.W. 271 STREET
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COSTELLO, THOMAS P.
STREET ADDRESS	15350 S.W. 271 STREET
CITY - ST - ZIP	HOMESTEAD, FL
TITLE	D
NAME	ALLEN, EVERETT
STREET ADDRESS	16711 SW 299 ST
CITY - ST - ZIP	HOMESTEAD, FL
TITLE	D
NAME	LAYSON, BIRNEY S
STREET ADDRESS	29200 SW 185 CT
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000170718
 08/23/04-80008-007 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(9)(f), 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 217, 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: *Thomas Costello* 8/17/04 305-247-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #