


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 022 ****61.25

DOCUMENT # N99000003508 1. Entity Name SV/HOME OFFICE, INC.					
Principal Place of Business STRATFORD POINT BLDG. 110 S. STRATFORD RD., 5TH FLOOR WINSTON-SALEM, NC 27104			Mailing Address STRATFORD POINT BLDG. 110 S. STRATFORD RD., 5TH FLOOR WINSTON-SALEM, NC 27104		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>4178 Malberth Ct</i>		
City & State			City & State <i>Winston-Salem NC</i>		
Zip		Country		Zip <i>27104</i> Country <i>USA</i>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., STE. 2100 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, BRETT 3334 HEALY DR., STE. 301 WINSTON SALEM, NC 27103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Waters, Brett 1100 Reynolds Blvd (Aon) Winston-Salem, NC 27105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDS, ANTHONY 645 HAYMAN CT DEBARY, FL 32713		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURDIK, JUDITH M 10433 ALAMEDA ALMA RD. CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hazlip, Judith D. 3435 Copland Ave Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 617, 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: <i>Brett L. Waters</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Brett L. Waters, Pres</i> <small>Date</small>		
			(336) 765-8134 <small>Daytime Phone #</small>		

50013178



02032005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2150956 Applied For
Not Applicable

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