

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

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.
4178 MALBETH CT
WINSTON-SALEM, NC 27104



01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2150956

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN ST., STE. 2100
TAMPA, FL 33602

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000795659
01/28/08-80056-017 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME WATERS, BRETT
STREET ADDRESS 1100 REYNOLDS BLVD AVE
CITY-ST-ZIP WINSTON SALEM, NC 27105

TITLE D
NAME EDMONDS, ANTHONY
STREET ADDRESS 645 HAYMAN CT
CITY-ST-ZIP DEBARY, FL 32713

TITLE D
NAME HAZLIP, JUDITH D
STREET ADDRESS 3435 COPLAND AVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Brett L. Waters, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brett L. Waters

1/25/08
Date

336-765-8134
Daytime Phone #