

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003508

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SV/HOME OFFICE, INC.

## Current Principal Place of Business:

STRATFORD POINT BLDG.  
4178 MALBETH CT  
WINSTON-SALEM, NC 27104

## New Principal Place of Business:

## Current Mailing Address:

STRATFORD POINT BLDG.  
4178 MALBETH CT  
WINSTON-SALEM, NC 27104

## New Mailing Address:

FEI Number: 56-2150956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: WATERS, BRETT  
Address: 1100 REYNOLDS BLVD AVE  
City-St-Zip: WINSTON SALEM, NC 27105

Title: D ( ) Delete  
Name: EDMONDS, ANTHONY  
Address: 645 HAYMAN CT  
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete  
Name: HAZLIP, JUDITH D  
Address: 3435 COPLAND AVE  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: EDMONDS, ANTHONY  
Address: 118 ALEXANDRA WOODS DR.  
City-St-Zip: DEBARY, FL 32713

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: BRETT L WATERS

PRES

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date