2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000017479

1. Entity Name
HOMB, INC.

Principal Place of Business	Mailing Address
245 MAIN ST. DUNEDIN, FL 34698	245 MAIN ST. DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3628781
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HICKEY, PETER
245 MAIN ST.
DUNEDIN, FL 34698

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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000159319
05/10/04-80025-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HICKEY, PETER J
STREET ADDRESS	245 MAIN ST.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	BISSETT, DALE
STREET ADDRESS	245 MAIN ST.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	MARROCCO, JANICE
STREET ADDRESS	245 MAIN STREET
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	BAILLE, GEORGE R
STREET ADDRESS	245 MAIN ST.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 607, 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: Peter J Hickey Peter J Hickey 5/1/04 7277333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #