## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91030 049 \*\*\*150.00

DOCUMENT # P00000025  1. Entity Name HOMEHUNT OF FLORIDA CO., INC			04-26-2004 91030 049 ***150.00
Principal Place of Business	Mailing Address	•	
5933 W. HILLSBORO BLVD.   #117	5933 W. HILLSBORO BLV #117	υ.	
PARKLAND, FL 33067	PARKLAND, FL 33067		
2. Principal Place of Business 3325 Griffin Road	3. Mailing Address 3325 Griffin Ro	ad	]   [\$1  \$0
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04232004 Chg-P CR2E034 (10/03)
Suite 217 City & State	Suite 217 City & State	<del></del>	4. FEI Number Applied For
Ft. Lauderdale, FL	Ft. Lauderdale	FL Country	03-0456450 Not Applicable
Zip Country U.S.		U.S.	5. Certificate of Status Desired Fee Required Fee
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
HAYES, FRAN			egory J. Blodig, Esq.
5933 W. HILLSBORO BLVD. PARKLAND, FL 33067			ess (P.O. Box Number is Not Acceptable) 0 W - Cypress Creek Road
	-	<u> </u>	ite 700
	-		. Lauderdale FL 33309
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its reg	gistered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and accept জন্ম ক্ষান্তিক ক্ষান্তিক বিশ্বস্থা
SIGNATURE - LUN	, V JSlod/		. त्याका प्रमाण कारा । श्री का
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   9. Election Campaign Financing Added to Fees Added to Fees			
16. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME HAYES, FRAN	☐ Delete	NAME H	ayes, Fran
STREET ADDRESS 5933 W. HILLSBORO BLVD. CITY-ST-ZIP PARKLAND, FL 33067			325 Griffin Road, Suite 217 t. Lauderdale, FL 33312
тпе D	Delete	TITLE D	
NAME STONE, JOSEPH STREET ADDRESS 5933 W. HILLSBORO BLVD.	=	NAME C STREET ADDRESS 3	arvalho, David 325 Griffin Road, Suite 217
CITY-ST-ZIP PARKLAND, FL 33067		CITY-ST-ZIP F	t. Lauderdale, FL 33312
TITLE NAME -	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	-	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME STREET ADDRESS	·	STREET ADDRESS	
CiTY-ST-ZIP	4-1.70	CITY-ST-ZIP	7*5
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:	LAN		4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			