

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT #P00000044120

1. Entity Name

HOME AGAIN RESTORATION, INC.



Principal Place of Business

5982 SE 68TH STREET
OCALA, FL 34472

Mailing Address

5982 SE 68TH STREET
OCALA, FL 34472

DO NOT WRITE IN THIS SPACE



01112006

No Chg-P

CRZE034 (11/05)

4. FCI Number

59-3642670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LARRY J
5982 SE 68TH STREET
OCALA, FL 34472

**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

(Signature typed or printed name of registered agent and if not applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000514403
04/29/06-80166-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, LARRY J
STREET ADDRESS	5882 SE 68TH ST
CITY- ST- ZIP	OCALA, FL 34472
TITLE	TD
NAME	THOMAS, JENNIFER J
STREET ADDRESS	5982 SE 68TH STREET
CITY- ST- ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY J THOMAS 1/11/06 (352) 307-2222

Date

Signature Phone #