

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051179

1. Entity Name
HOME123.COM, INC.



Principal Place of Business
18400 VON DARMAN, STE. 1000
IRVINE, CA 92612

Mailing Address
18400 VON DARMAN, STE. 1000
IRVINE, CA 92612

2. Principal Place of Business
18400 Von Karman Ave.
Suite, Apt. #, etc.
Suite 1000
City & State
Irvine, CA
Zip
92612
Country
US

3. Mailing Address
18400 Von Karman Ave.
Suite, Apt. #, etc.
Suite 1000
City & State
Irvine, CA
Zip
92612
Country
US



08312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3650997
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
400059753354
09/20/05--01003--017 **150.00
City
FL Zip Code

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: SEP - 7 2005
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
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, JOSEPH D JR	
STREET ADDRESS	5150 PALM VALLEY ROAD, SUITE 103	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VPTS	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, JOHN R	
STREET ADDRESS	5150 PALM VALLEY ROAD, SUITE 103	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Morrice, Brad A.	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Flanagan, Patrick	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Chairman of the Board	<input type="checkbox"/> Delete
NAME	Morrice, Brad A.	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Chief Executive Officer	<input type="checkbox"/> Delete
NAME	Flanagan, Patrick	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vernon, Carl	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Chief Financial Officer & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dodge, Patti M.	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theologides, Stergios	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	SVP, Director of Taxation	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giarday, Louis	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jewett, Jennifer	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tortorelli, Joseph	
STREET ADDRESS	18400 Von Karman Ave., Suite 1000	
CITY-ST-ZIP	Irvine, CA 92612	

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-2005 (949) 440-7030
Date Daytime Phone #