

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052252

FILED
May 27, 2004
Secretary of State

Entity Name: HOME SALES AND SERVICES, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE SUITE 160
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

PO BOX 470456
CELEBRATION, FL 34747

New Mailing Address:

215 CELEBRATION PLACE
SUITE 160
CELEBRATION, FL 34747

FEI Number: 59-3682198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELTON, CATHY
609 TRUMPET PLACE
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: PUMPHREY, THOMAS L
Address: 609 TRUMPET PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BROK () Change (X) Addition
Name: SHELTON, CATHY
Address: 609 TRUMPET PLACE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY SHELTON

BROK

05/27/2004

Electronic Signature of Signing Officer or Director

Date