

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084665

FILED
Apr 08, 2004
Secretary of State

Entity Name: HOME ZONE RESIDENTIAL, INC.

Current Principal Place of Business:

1344 COVE LANDING DRIVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

PO BOX 24668
JACKSONVILLE, FL 322414668

New Mailing Address:

FEI Number: 59-3668432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH ALLEN
3617 CROWN POINT RD., #1
SUITE #2
JACKSONVILLE, FL 32257

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: DP () Delete
Name: MILLER, MICHELLE
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

Title: DST () Delete
Name: MILLER, MICHAEL A
Address: P.O. BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL MILLER

D

04/08/2004

Electronic Signature of Signing Officer or Director

Date