

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90027 042 ***150.00

DOCUMENT # P00000085941					
1. Entity Name HOME VENTURE REALTY CORP.					
Principal Place of Business 5527 US HWY 98 N LAKELAND, FL 33809			Mailing Address 5527 US HWY 98 N LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33809	Country Polk	Zip 33809	Country USA		
4. FEL Number <div style="display: flex; justify-content: space-between;"> 01052005 Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> 59-3669566 59-3669366 Applied For <input checked="" type="checkbox"/> Not Applicable </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WHISNANT, DAVID.W 5527 U.S. HWY 98 N LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WHISNANT, DEBORAH L 5527 U.S. HIGHWAY 98 N LAKELAND, FL 33809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Whisnant Deborah L 6851 Huntington Hills Blvd. Lakeland, Fl. 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHISNANT, DAVE A 5527 U.S. HIGHWAY 98 N LAKELAND, FL 33809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Whisnant, Dave A. 1259Lake Deeson POINT Lakeland, Fl. 33805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David W. Whisnant</u> DAVID W. WHISNANT <u>1-5-05</u> <u>863-859-9980</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40011354

ATTACHMENT

P00000085941

Form **SS-4****Application for Employer Identification Number**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)EIN **59-3669366**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) HOME VENTURE REALTY CORP.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 209 Heather Point Drive		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Lakeland, Florida 33809		5b City, state, and ZIP code
	6 County and state where principal business is located Polk County, Florida		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► David W. Whisnant, President (ssn 239-82-9517)			
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> REMIC <input type="checkbox"/> National Guard <input checked="" type="checkbox"/> Other corporation (specify) ► Sub S <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Trust <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable) <input type="checkbox"/> Other (specify) ►			
8b If a corporation, name the state or foreign country (if applicable) where incorporated State Florida Foreign country			
9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (month, day, year) (see instructions) 09/12/00			
11 Closing month of accounting year (see instructions) December			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) n/a			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) 0			
14 Principal activity (see instructions) ► real estate company			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A			
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Business telephone number (include area code) 863 608-0714			
Fax telephone number (include area code)			
Name and title (Please type or print clearly.) ► Elsie Sanchez, Treasurer			
Signature ►  Date ► 09/12/00			
Note: Do not write below this line. For official use only.			
Please leave blank ► Geo. Ind. Class Size Reason for applying			