

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 033 ***150.00

DOCUMENT # P00000086187 1. Entity Name HOMESTEAD MAINTENANCE & IMPROVEMENT CORPORATION					
Principal Place of Business 20416 CALDER AVE PORT CHARLOTTE, FL 33954				Mailing Address 20416 CALDER AVE PORT CHARLOTTE, FL 33954	
2. Principal Place of Business - No P.O. Box # 1149 TAMIAMI TR		3. Mailing Address 1149 TAMIAMI TR			
Suite Apt. #, etc. B		Suite Apt. #, etc. B			
City & State Port Charlotte FL		City & State Port Charlotte FL			
Zip 33953		Country Charlotte		07172008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-1040496		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, RONALD L 20416 CALDER AVE PORT CHARLOTTE, FL 33954		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 <u><i>Ronald L Hill</i></u> <u><i>Ronald L Hill, President</i></u> <u><i>8-5-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, RONALD L 20416 CALDER AVE PORT CHARLOTTE, FL 33954 <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	PVP HILL, RONALD L 20416 CALDER AVE PORT CHARLOTTE, FL 33954 <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	ST HILL, ALANE M 20416 CALDER AVE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: <i>Ronald L Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-5-08 941-764-6853 <small>Date Daytime Phone #</small>		