2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111556

MCMILLAN, JOHN

3351 W. NEW HAVEN AVENUE

MELBOURNE, FL 32904

Name:

Address:

City-St-Zip:

FILED Jan 22, 2009 Secretary of State

Entity Name: HEARTH & HOME, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
3351 W. NEW HAVEN AVENUE SUITE 101 MELBOURNE, FL 32904					
Current Mailing Address:			New Mailing Address:		
SUITE 101	EW HAVEN A RNE, FL 32904				
FEI Number:	: 59-3685555	FEI Number Applied For ()	FEI Number Not Applicable	e() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
MCMILLAN, JOHN N 4357 DAVIDIA DR. MELBOURNE, FL 32934 US			MCMILLAN, JOHN N 3351 WEST NEW HAVEN AVE 101 MELBOURNE, FL 32904 US		
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its req	gistered office or registered agent, or both,	
SIGNATURE: JOHN N MCMILLAN				01/22/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MCMILLAN, JO 3351 W. NEW MELBOURNE,	HAVEN AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (X MCMILLAN, JO 3351 W. NEW MELBOURNE,	HAVEN AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCMILLAN, JO	HAVEN AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN N MCMILLAN Ρ 01/22/2009