

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90003 010 ***150.00

DOCUMENT # P01000041199

1. Entity Name
HOME EXPRESSIONS, INC.



Principal Place of Business
1800 WEST 49TH ST #332
HIALEAH, FL 33012

Mailing Address
19978 PRESIDENTS CUP TERR
ASHBURN, VA 20147

01000191



06152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1105597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JACKSON, MARLA SUE
1800 WEST 49TH ST #332
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004 NOW

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACKSON, MARLA SUE
STREET ADDRESS	19978 PRESIDENTS CUP TERRACE
CITY-ST-ZIP	ASHBURN, VA 20147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/10/04 858-4906 (703)

Attachment

54060191

HOME EXPRESSIONS, INC.
Color & Interior Design

June 10, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: **Annual Report #P01000041199; Home Expressions, INC.**
FEI Number 65-1105597

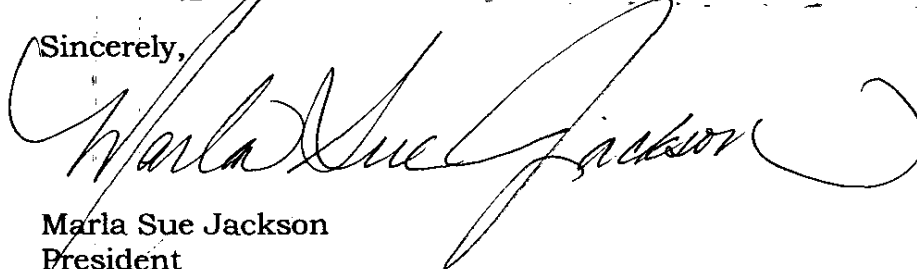
To whom it may concern:

We are submitting for your consideration and approval our 2004 Annual Report fee of \$150.00 due to not having received the reminder/invoice in the mail at the beginning of this year. It appears that due to a change in our mailing address, submitted during 2003, the original annual report was lost and never received by our office.

We contacted your offices on May 31 and were instructed to send this request in writing. At the present time, all address changes appear correct on the enclosed form and the information is accurate.

Thank you for your time and we appreciate your attention in this matter.

Sincerely,



Marla Sue Jackson
President
Home Expressions, Inc.