



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90457 043 \*\*\*150.00

<b>DOCUMENT # P01000046493</b> 1. Entity Name THE HOME STORE OF GAINESVILLE, INC.					
Principal Place of Business 5816 S.W. ARCHER ROAD #1 GAINESVILLE, FL 32608			Mailing Address 5816 S.W. ARCHER ROAD #1 GAINESVILLE, FL 32608		
2. Principal Place of Business 3601 SW 2nd Ave Suite, Apt. #, etc. Suite F City & State Gainesville, FL Zip 32607 Country Alachua		3. Mailing Address 3601 SW 2nd Ave Suite, Apt. #, etc. Suite F City & State Gainesville, FL Zip 32607 Country Alachua			
4. FEI Number 59-3718260				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  ARNOLD, EUGENE C 5816 S.W. ARCHER ROAD LOT #1 GAINESVILLE, FL 32608			7. Name and Address of New Registered Agent Name <u>Charles G. Wright</u> Street Address (P.O. Box Number is Not Acceptable) <u>3601 SW 2nd Ave</u> <u>Suite F</u> City <u>Gainesville</u> FL Zip Code <u>32607</u>		
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>[Signature]</u> <u>Charles G. Wright P</u> <u>4/28/04</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	D ARNOLD, EUGENE C 5816 S.W. ARCHER ROAD #1 GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>Charles G. Wright</u> <u>3601 SW 2nd Ave Suite F</u> <u>Gainesville, FL 32607</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CHARLES G ROUTE 17 BOX 1129 LAKE CITY, FL 32055 <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	D ARNOLD, PATRICIA E 5816 S.W. ARCHER ROAD #1 GAINESVILLE, FL 32608 <input checked="" 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>[Signature]</u> <u>Charles G. Wright P</u> <u>4/28/04</u> <u>352-494-7990</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					