


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 08, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P01000074330**

1. Entity Name  
THE HOMESTEAD INVESTORS, INC.



Principal Place of Business      Mailing Address

1712 BEACH BLVD                      1712 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250      JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE IN THIS SPACE**



02132006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>09-3624638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARVIN, MALCOLM F  
807 NORTH FIRST STREET  
JACKSONVILLE BEACH, FL 32260

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARVIN, KATHRYN J 807 NORTH FIRST ST. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARVIN, MALCOLM F 807 NORTH FIRST ST. JACKSONVILLE BEACH, FL 32250
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10000045944  
03/18/06-80053-020 150.00

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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: Malcolm Marvin      3/6/06      874-7602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #