

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90002 032 \*\*\*150.00

**DOCUMENT # P02000052243**

1. Entity Name

**HOMEWORLD PROPERTIES, INC.**



Principal Place of Business

**10326 BELMONT STAKES CT  
JACKSONVILLE, FL 32257**

Mailing Address

**10326 BELMONT STAKES CT  
JACKSONVILLE, FL 32257**

**54069769**



08162004 No Chg-P CR2E034 (10/03)

4. FEI Number

**04-3665889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DIGIOVANNI, JAMES R  
10326 BELMONT STAKES CT  
JACKSONVILLE, FL 32257**

**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 \$550.00  
Due by September 8, 2004**

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  
**D  
DIGIOVANNI, JAMES R  
10326 BELMONT STATES CT  
JACKSONVILLE, FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DIGIOVANNI, KATHY A  
10326 BELMONT STAKES CT  
JACKSONVILLE, FL 32257**

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

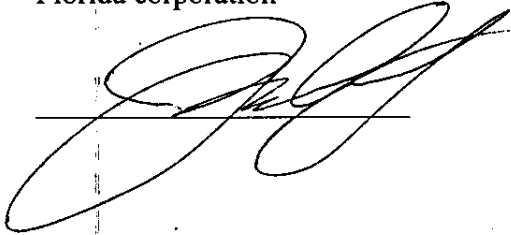
Daytime Phone #

Attachment.

# P02000052243 54069769

We the officer's of Homeworld Properties, Inc., a Florida corporation certify that we did not received the annual report at our place of business.

By: Homeworld Properties, Inc., a  
Florida corporation

A handwritten signature in black ink, consisting of stylized, overlapping loops and strokes, positioned above a horizontal line.

Attachment

**KAHANE & ASSOCIATES, P.A.**

1815 GRIFFIN ROAD, SUITE 302  
DANIA BEACH, FLORIDA 33004  
TELEPHONE (954) 920-4000  
FACSIMILE (954) 920-2999

57065769  
#P02000052243

August 19, 2004

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

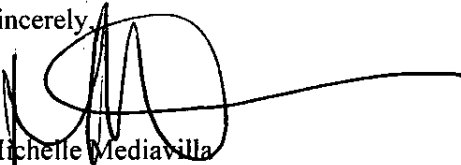
**RE: Homeworld Properties, Inc**

To whom it may concern:

Enclosed you will find our check in the amount of \$150.00, representing payment for Annual Report for the above referenced corporation. Attached you will find a letter executed by the officer of the corporation certifying that they never received the annual report to the corporate mailing address. Please apply according.

Should you have any questions, please feel free to contact me.

Sincerely,



Michelle Mediavilla  
Paralegal/Closer