


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90212 010 \*\*\*158.75

<b>DOCUMENT # P02000052243</b>	
<b>1. Entity Name</b> HOMEWORLD PROPERTIES, INC.	

<b>Principal Place of Business</b> 10326 BELMONT STAKES CT JACKSONVILLE, FL 32257	<b>Mailing Address</b> 10326 BELMONT STAKES CT JACKSONVILLE, FL 32257
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<b>2. Principal Place of Business</b> 13727 MARSH HARBOR DR N	<b>3. Mailing Address</b> 13727 MARSH HARBOR DR N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> JACKSONVILLE FL	<b>City &amp; State</b> JACKSONVILLE FL
<b>Zip</b> 32225	<b>Country</b> DUVAL



03252005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 04-3665889	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DIGIOVANNI, JAMES R 10326 BELMONT STAKES CT JACKSONVILLE, FL 32257	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 13727 MARSH HARBOR DR N City JACKSONVILLE FL Zip Code 32225	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DIGIOVANNI, JAMES R		<b>NAME</b> DIGIOVANNI, JAMES R	
<b>STREET ADDRESS</b> 10326 BELMONT STAKES CT		<b>STREET ADDRESS</b> 13727 MARSH HARBOR DR N	
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32257		<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32225	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DIGIOVANNI, KATHY A		<b>NAME</b> DIGIOVANNI, KATHY A	
<b>STREET ADDRESS</b> 10326 BELMONT STAKES CT		<b>STREET ADDRESS</b> 13727 MARSH HARBOR DR N	
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32257		<b>CITY-ST-ZIP</b> JACKSONVILLE FL 32225	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> 		<b>NAME</b> 	
<b>STREET ADDRESS</b> 		<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	

**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:** \_\_\_\_\_ **James DiGiovanni 4-20-05 904-220-1444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #