


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90036 028 \*\*\*150.00

<b>DOCUMENT # P02000052243</b> 1. Entity Name <b>HOMEWORLD PROPERTIES, INC.</b>																																															
Principal Place of Business <b>1197 WEDGEWOOD ROAD JACKSONVILLE, FL 32259</b>			Mailing Address <b>1197 WEDGEWOOD ROAD JACKSONVILLE, FL 32259</b>																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country																																												
																																															
03272008		Chg-P		CR2E034 (12/06)																																											
4. FEI Number <b>04-3665889</b>				Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>6. Name and Address of Current Registered Agent</b> </td> <td colspan="3" style="padding: 5px;"> <b>7. Name and Address of New Registered Agent</b> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>PETTERSON, BETH W CPA</b>  <b>1304 GLENGARRY ROAD</b>  <b>JACKSONVILLE, FL 32207</b> </td> <td colspan="3" style="padding: 5px;">           Name <b>JAMES R DIGIOVANNI</b>            Street Address (P.O. Box Number is Not Acceptable)  <b>1197 Wedgewood Rd.</b>            City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32259</b> </td> </tr> </table>						<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			<b>PETTERSON, BETH W CPA</b> <b>1304 GLENGARRY ROAD</b> <b>JACKSONVILLE, FL 32207</b>			Name <b>JAMES R DIGIOVANNI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1197 Wedgewood Rd.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32259</b>																																
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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 _____ <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																													
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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.																																															
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															