

-2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90015 029 ***150.00

DOCUMENT # P02000058019

1. Entity Name
HOME MASTERS, INC.



Principal Place of Business
**5106 FAIRWAY ONE DR.
VALRICO, FL 33594**

Mailing Address
**5106 FAIRWAY ONE DR.
VALRICO, FL 33594**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03112004

Chg-P

CR2E034 (10/03)

4. FEI Number **02-0626471**
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHECHT, NEIL S
3426 W. KENNEDY BLVD.
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name **Catherine M. Miller**
Street Address (P.O. Box Number is Not Acceptable) **5106 Fairway One Dr**
City **Valrico** **FL** Zip Code **33594**

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 **Catherine M. Miller** **Catherine M. Miller Pres** **3/11/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

☒ NAME **D MILLER, CRAIG K** ☐ Delete
STREET ADDRESS **5106 FAIRWAY ONE DR.**
CITY-ST-ZIP **VALRICO, FL 33594**

☒ NAME **D MILLER, CATHERINE M** ☐ Delete
STREET ADDRESS **5106 FAIRWAY ONE DR.**
CITY-ST-ZIP **VALRICO, FL 33594**

☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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: **Catherine M. Miller** **Catherine M. Miller Pres** **3/11/04** **813-684-1719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #