

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084831

FILED
Apr 13, 2004
Secretary of State

Entity Name: HOME BUILDING MANAGEMENT, INC.

Current Principal Place of Business:

1404 WHITFIELD AVE.
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

POB 7662
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 82-0557374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, DALE A
POB 7662
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOGGS, DALE A
Address: 6059 MERRILL STREET
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP () Delete
Name: BOGGS, JOANN
Address: 6059 MERRILL STREET
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOGGS, DALE A
Address: 3682 LULLABY ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP (X) Change () Addition
Name: BOGGS, JOANN
Address: 3682 LULLABY ROAD
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE A. BOGGS

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date