

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90271 029 \*\*\*150.00

**DOCUMENT # P02000097187**

1. Entity Name  
**HOMELINE PROPERTIES, INC.**



Principal Place of Business  
**1066 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34984**

Mailing Address  
**1066 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34984**

**60027172**



04042006 Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0645241**

Applied For  
Not Applicable

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

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

**7. Name and Address of New Registered Agent**

**CROSSFIELD, JOSEPH L  
4994 NW FAWN ST  
PT ST LUCIE, FL 34983**

Name  
**CROSSFIELD JOSEPH L**

Street Address (P.O. Box Number is Not Acceptable)

**2922 S.W. LUCERNE ST**

City **Port St. Lucie** FL Zip Code **34953**

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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
CROSSFIELD, JOSEPH L  
1066 SW BAYSHORE BLVD.  
PT. ST. LUCIE, FL 34984** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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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.

SIGNATURE:

*(Signature)*

**JOSEPH L. CROSSFIELD (PRESIDENT)**

**4/10/2006 772-981-5893**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #