

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 040 ***150.00

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1. Entity Name
HOMESTEAD QUALITY CONTRACTOR INC.



Principal Place of Business
350 NOWLIN ST
PENSACOLA, FL 32534

Mailing Address
350 NOWLIN ST
PENSACOLA, FL 32534

2. Principal Place of Business - No P.O. Box #
1282 ANDREA LN
Suite, Apt. #, etc.

3. Mailing Address
1282 ANDREA LN
Suite, Apt. #, etc.

City & State
CANTONMENT FL
Zip
32533
Country

City & State
CANTONMENT FL
Zip
32533
Country

03072007 Chg-P CR2E034 (12/06)

4. FEI Number
74-3065732
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEARS, JAMIE A
350 NOWLIN ST
PENSACOLA, FL 32534

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1282 ANDREA LN
City
CANTONMENT FL Zip Code
32533

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEARS, JAMIE A
350 NOWLIN ST
PENSACOLA, FL 32534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1282 ANDREA LN
CANTONMENT FL 32533

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

JAMIE A. MEARS 4-26-07 850-937-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #