

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90027 035 ***150.00

DOCUMENT # P02000119350

1. Entity Name

HOMOSASSA PROPERTIES, INC.



Principal Place of Business

7261 W. GROVER CLEVELAND BLVD.
HOMOSASSA FL 34446

Mailing Address

7261 W. GROVER CLEVELAND BLVD.
HOMOSASSA FL 34446

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1540103

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

TITUS, CLAIRE A
4 NE THIRD ST.
CRYSTAL RIVER FL 34429

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LA FLEUR, JOHN	
STREET ADDRESS	6158 WEST CRAFT LANE	
CITY-ST-ZIP	HOMOEASSA FL 34448	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	LA FLEUR, THERESA J	
STREET ADDRESS	6158 WEST CRAFT LANE	
CITY-ST-ZIP	HOMOEASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA FLEUR, JOSEPH J	
STREET ADDRESS	6158 WEST CRAFT LANE	
CITY-ST-ZIP	HOMOEASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA FLEUR, JACOB T	
STREET ADDRESS	6158 WEST CRAFT LANE	
CITY-ST-ZIP	HOMOEASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LaFleur, Teresa J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Teresa Jill LaFleur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Jill LaFleur 2-14-05 3526284768

Date

Daytime Phone #