

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2005 90021 035 ***150.00
P020001 21433

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|--|-----------------------------|--|---|--|--|
| DOCUMENT # P02000121433 1. Entity Name HOME SAVING MORTGAGE FUND-I, INC. | | 05 AUG 23 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | FILED 05 AUG 23 PM 3:02 30055165 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 7250 ULMERTON ROAD SUITE C LARGO, FL 33771 US | | Mailing Address 7250 ULMERTON ROAD SUITE C LARGO, FL 33771 US | | 08302005 Chg-P CR2E034 (10/03) | |
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 20-0224074 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent TSAVARIS, JOHN 7250 ULMERTON ROAD SUITE C LARGO, FL 33771 | | | 7. Name and Address of New Registered Agent | | |
| | | | 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEITZEL, PAUL | | NAME | | |
| STREET ADDRESS | 7250 ULMERTON ROAD, SUITE C | | STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO, FL 33771 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TSAVARIS, JOHN | | NAME | | |
| STREET ADDRESS | 7250 ULMERTON ROAD, SUITE C | | STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO, FL 33771 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAVIN, GLORIA JEAN | | NAME | HEVIA, GLORIA | |
| STREET ADDRESS | 4407 WALLCRAFT AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33611 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 approved. | | | | | |
| SIGNATURE: _____ | | | Date: 7/1/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # _____ | | |