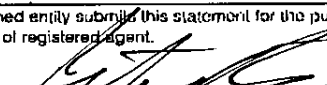


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90676 037 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000019323 1. Entity Name HOMETEC OF CENTRAL FLORIDA, INC.																													
Principal Place of Business 1841 MISSOURI AVE. SANFORD, FL 32771			Mailing Address 1841 MISSOURI AVE. SANFORD, FL 32771																										
2. Principal Place of Business 26 Hibiscus Drive Suite, Apt. #, etc.		3. Mailing Address 26 Hibiscus Drive Suite, Apt. #, etc.		94079009 																									
City & State Debary, Florida Zip 32713 Country USA		City & State Debary, Florida Zip 32713 Country USA		4. FEI Number 04282004 Chg-P CR2E034 (10/03) ☒ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BROWN, PETER 1841 MISSOURI AVE. SANFORD, FL 32771																									
7. Name and Address of New Registered Agent Name Brown, Peter Street Address (P.O. Box Number is Not Acceptable) 407 Bird Road City Orange City FL Zip Code 32763				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  DATE 4/29/04 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when retreating)																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> President Peter Brown ☒ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> Vice President Jacob Brown ☐ Change ☒ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> 26 Hibiscus Drive Debary, FL 32713 ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peter Brown ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jacob Brown ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26 Hibiscus Drive Debary, FL 32713 ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4/29/04 407 702 5837 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													