

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90407 016 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000019842 1. Entity Name HOME-OX INC.			
Principal Place of Business 414 FORREST STREET WINDERMERE, FL 34786		Mailing Address 414 FORREST STREET WINDERMERE, FL 34786	
2. Principal Place of Business 90 1st Street S Subo, Apt. #, etc.		3. Mailing Address 411 S.W. 34th St. Subo, Apt. #, etc.	
City & State Winter Haven, FL		City & State Orlando, FL	
Zip 33880	Country USA	Zip 32811	Country USA
4. FEI Number 30-0151775		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOFTIS, JAMES M SR. 90 1ST STREET SW WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Barbara Lee Street Address (P.O. Box Number is Not Acceptable) 4121 S.W. 34th Street City Orlando FL Zip Code 32811	
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: <u><i>Barbara Lee</i></u> DATE: <u>4/30/04</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
President James M. Loftis 1040 Gardner Rd Ste B1 Charleston SC 29407		Secretary Barbara J Lee 4121 SW 34th Street Orlando FL 32811	
Controller Sonya Roberts 4121 SW 34th Street, Orlando FL 32811		Compliance Officer Sonja McCubbins 826 Chris Drive Columbia SC 29169	
Compliance Officer Sonja McCubbins 826 Chris Drive Columbia SC 29169		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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: <u><i>W.P. Kennedy</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date: <u>4/28/04</u> (407) 999-2225 Daytime Phone #	