

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90706 048 \*\*\*150.00

<b>DOCUMENT # P03000020720</b> 1. Entity Name <b>SURROUNDINGS AT HOME INC.</b>			
Principal Place of Business <b>3937 VERSAILLES DR, TAMPA FL 33634</b>		Mailing Address <b>3937 VERSAILLES DR TAMPA FL 33634</b>	
2. Principal Place of Business <b>SURROUNDINGS @ Home Inc.</b> Suite, Apt. #, etc. <b>8516 ACORN RIDGE ROAD</b>		3. Mailing Address " " Suite, Apt. #, etc. <b>8516 ACORN RIDGE RD</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33634</b>		Zip <b>33634</b>	
Country		Country	
4. FEI Number <b>25-1902845</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLAREY, ANY 3937 VERSAILLES DR TAMPA FL 33634</b>		7. Name and Address of New Registered Agent Name <b>AMY CLAREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8516 ACORN RIDGE COURT</b> City <b>TAMPA</b> FL <b>FL</b> Zip Code <b>33625</b>	
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 <i>Ed Clarey</i> <b>SAT</b> DATE <b>4/1/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD CLAREY, AMY 3937 VERSAILLES DR TAMPA FL 33634</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>President &amp; Treasurer AMY CLAREY 8516 ACORN RIDGE COURT TAMPA, FL 33625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD CLAREY, ED 3937 VERSAILLES DR TAMPA FL 33634</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice President &amp; Secretary ED CLAREY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD CLAREY, ADAM 3937 VERSAILLES DR TAMPA FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD CLAREY, MEGAN 3937 VERSAILLES DR TAMPA FL 33634</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ed Clarey</i> <b>ED CLAREY</b>		Date <b>4/1/04</b> (813) 892 1190	