

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90706 048 ***150.00

DOCUMENT # P03000020720

1. Entity Name
SURROUNDINGS AT HOME INC.



Principal Place of Business
**3937 VERSAILLES DR,
 TAMPA FL 33634**

Mailing Address
**3937 VERSAILLES DR
 TAMPA FL 33634**

66424623



MOORE CR2E034 (11/03)

2. Principal Place of Business
SURROUNDINGS @ Home Inc.

3. Mailing Address
"

Suite, Apt. #, etc.
8516 ACORN RIDGE ROAD

Suite, Apt. #, etc.
8516 ACORN RIDGE RD

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33634

Zip
33634

Country

Country

4. FEI Number
25-1902845

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLAREY, ANY
 3937 VERSAILLES DR
 TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name
AMY CLAREY

Street Address (P.O. Box Number is Not Acceptable)
8516 ACORN RIDGE COURT

City
TAMPA

FL

Zip Code
33625

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 the registered agent.

SIGNATURE *Ed Clary* **Secty**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/1/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLAREY, AMY 3937 VERSAILLES DR TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAREY, ED 3937 VERSAILLES DR TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAREY, ADAM 3937 VERSAILLES DR TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAREY, MEGAN 3937 VERSAILLES DR TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Treasurer AMY CLAREY 8516 ACORN RIDGE COURT TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary ED CLAREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: *Ed Clary* **ED CLAREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/1/04**

DATE

DAYTIME PHONE # **(813) 892 1190**

DAYTIME PHONE #