

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035773

FILED  
Mar 30, 2004  
Secretary of State

Entity Name: REUNION HOME MINDERS, INC.

## Current Principal Place of Business:

1145 E. MARIPOSA AVE  
BARTOW, FL 33830

## New Principal Place of Business:

6590 OSCEOLA POLK LINE RD  
DAVENPORT, FL 33896

## Current Mailing Address:

1145 E. MARIPOSA AVE  
BARTOW, FL 33830

## New Mailing Address:

6590 OSCEOLA POLK LINE RD  
DAVENPORT, FL 33896

FEI Number: 74-3090646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOUNT, SHEILA R  
1145 E. MARIPOSA AVE  
BARTOW, FL 33830

## Name and Address of New Registered Agent:

THOMPSON, SHEILA R  
8297 CHAMPIONSGATE BLVD #195  
CHAMPIONSGATE, FL 33896

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.

SIGNATURE: SHEILA THOMPSON

03/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: THOMPSON, TIMOTHY  
Address: 6590 OSCEOLA POLK LINE RD  
City-St-Zip: DAVENPORT, FL 33896

Title: TREA ( ) Change (X) Addition  
Name: THOMPSON, SHEILA  
Address: 8297 CHAMPIONSGATE BLVD #195  
City-St-Zip: CHAMPIONSGATE, FL 33896

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA THOMPSON

TREA

03/30/2004

Electronic Signature of Signing Officer or Director

Date