

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090321

Entity Name: HOMESTAYS USA, INC.

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

39829 CR 452
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1243
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 38-3687380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, GARY V
39829 CR 452
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAMMOND, GARY V P/S
Address: 39829 CR 452
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: HAMMOND, ELEANOR B P/T
Address: 39829 CR 452
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARY V. HAMMOND

P/S

07/03/2008

Electronic Signature of Signing Officer or Director

Date

P03000090321

File Date: 07/03/08

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

| PAYMENT RECEIPT | |
|--|---------------------|
| Transaction Amount: | \$550.00 |
| Email Address: | [REDACTED] |
| Date/Time Paid: | 07/03/2008 09:51:36 |
| Payment ID Number: | 24130916 |
| Reference Number: | 300132209493 |
| Document Number: | P03000090321 |
| Thank you for using the LINK2GOV Online Payment System. Print this receipt for your records. | |

Continue

I tried to pay my \$150 fee on line, but it charge me an extra \$400. I did not receive a notice this year. I would like to request a refund of \$400.

You will see from past years I always pay on time. I did not receive to pay notice.

Thank you.

Per telephone conversation
with Gary Hammond
make refund
check out to

Gary Hammond
Homestays USA Inc
P.O. Box 1243
Mount Dora, FL 32756

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