

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000094152

FILED
Dec 10, 2004
Secretary of State

Entity Name: HOME TIME PROPERTIES INC.

Current Principal Place of Business:

504 COVE CIR
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

504 COVE CIR
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 13-4264090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIE, JERRY
504 COVE CIR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

KNIE, JERRY L
504 COVE CIR
NICEVILLE, FL 32578 US

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: JERRY L KNIE

12/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: MCKINNEY, PERRY
Address: 309 SOUTH WARD ST.
City-St-Zip: GENEVA, AL 36340

Title: S () Delete
Name: KNIE, JERRY L
Address: 504 COVE CIR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KNIE, JUDITH A
Address: 504 COVE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MCKINNEY, MILDRED
Address: 309 SOUTH WARD ST.
City-St-Zip: GENEVA, AL 36340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JERRY L KNIE

S

12/10/2004

Electronic Signature of Signing Officer or Director

Date