


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90003 014 ***150.00

DOCUMENT # P03000096233	
1. Entity Name HOMESAVERS OF AMERICA, INC.	

Principal Place of Business 15009 N FLORIDA AVE #408 TAMPA, FL 33613	Mailing Address 15009 N FLORIDA AVE #408 TAMPA, FL 33613
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2. Principal Place of Business 218 E BEARSS AVE #408	3. Mailing Address 218 E BEARSS AVE
Suite, Apt. #, etc. 408	Suite, Apt. #, etc. 408
City & State Tampa FL	City & State Tampa FL
Zip 33613	Country USA



06032005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0482601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTEER, JOHN J 15009 N FLORIDA AVE #408 TAMPA, FL 33613	
7. Name and Address of New Registered Agent Name Roland Schelb Street Address (P.O. Box Number is Not Acceptable) 218 E BEARSS AVE #408 City Tampa FL Zip Code 33613	

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 *R. Schelb*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHELB, RONNIE 15009 N FLORIDA AVE #408 218 E BEARSS AVE #408 TAMPA, FL 33613 <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	VP John J. Minteer 218 E BEARSS AVE #408 Tampa FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *R. Schelb*