

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102852

FILED
Apr 12, 2004
Secretary of State

Entity Name: HOME-KING INCORPORATED

Current Principal Place of Business:

P.O. BOX 360067
MELBOURNE, FL 32936 US

New Principal Place of Business:

140 TOMAHAWK DRIVE
SUITE #125
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

P.O. BOX 360067
MELBOURNE, FL 32936 US

New Mailing Address:

140 TOMAHAWK DRIVE
SUITE # 125
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 61-1457600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLEJARSKI, EILEEN
262 MARION STREET
INDIAN HARBOUR BEACH, FL 32937 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: PRES () Delete
Name: GRAHAM, CHARLES
Address: 413 THRUSH DR.
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: TREA () Delete
Name: OLEJARSKI, EILEEN
Address: 262 MARION STREET
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: SECR () Delete
Name: GRAHAM, ANNEMARIE
Address: 413 THRUSH DR.
City-St-Zip: SATELLITE BEACH, FL 32937 US

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:

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: EILEEN OLEJARSKI

TREA

04/12/2004

Electronic Signature of Signing Officer or Director

Date