

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106148

FILED  
Mar 10, 2005  
Secretary of State

Entity Name: 1 STOP HOME-OWNER REFERRAL NETWORK, CORP.

## Current Principal Place of Business:

8547 LINCOLNSHIRE RD.  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

11007 READING RD  
JACKSONVILLE, FL 32257

## Current Mailing Address:

8547 LINCOLNSHIRE RD.  
JACKSONVILLE, FL 32217

## New Mailing Address:

11007 READING RD  
JACKSONVILLE, FL 32257

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JORDON, ANGEL  
8547 LINCOLNSHIRE RD  
JACKSONVILLE, FL 32217 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: KEMPINSKI, JAMIE  
Address: 11007 READING RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: JORDON, ANGEL  
Address: 8547 LINCOLNSHIRE RD.  
City-St-Zip: JACKSONVILLE, FL 32217

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O ( ) Change (X) Addition  
Name: NUENOOM, CLAIRE M  
Address: 6 CIRCLE DR  
City-St-Zip: MERRIMACK, NH 03054

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: ANGEL S. JORDON

D

03/10/2005

Electronic Signature of Signing Officer or Director

Date