

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90074 028 ***150.00

DOCUMENT # P03000116357
 1. Entity Name
 HOME SWEET HOME RESTORATION, INC.



Principal Place of Business: 230 PRIMO DR FT MYERS BCH FL 33931
 Mailing Address: 230 PRIMO DR FT MYERS BCH FL 33931

44007873



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 5000
 City & State: FT. MYERS BCH, FL.

City & State: FT. MYERS BCH, FL.

4. FEI Number: 04-3780303
 Applied For
 Not Applicable

Zip: 33932
 Country: USA

*5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAMILTON, DIANE
 230 PRIMO DR
 FT MYERS BCH FL 33931

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE: DP NAME: HAMILTON, DIANE STREET ADDRESS: 230 PRIMO DR CITY-ST-ZIP: FT MYERS BCH FL 33931 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Diane Hamilton Jan. 28, 04 (239) 463-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #