

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000135582

Entity Name: NATIONAL HOME REALTY CORP

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

4798 S. FLORIDA AVE
110
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

1645 9TH AVE
133
ALBANY, OR 97322

New Mailing Address:

FEI Number: 20-0407038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIDGES, SCOTT J
4798 S. FLORIDA AVE
110
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MIKESELL, SKY R
2250 GROVEGLEN CT
LAKELAND, FL 33813 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: SKY MIKESELL

07/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SMITH, KIMBERLY
Address: 1645 9TH AVE
City-St-Zip: ALBANY, OR 97322

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SMITH, KIMBERLY
Address: 1001 E WT HARRIS BLVD
City-St-Zip: CHARLOTTE, NC 28213

Title: VP () Change (X) Addition
Name: MIKESELL, SKY
Address: 1001 E WT HARRIS BLVD
City-St-Zip: CHARLOTTE, NC 28213

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: KIMBERLY GILMAN

PRES

07/07/2005

Electronic Signature of Signing Officer or Director

Date