

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000157490

Entity Name: HOMESTYLE, INC.

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4551 GULF SHORE BLVD NORTH  
#1801  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

4551 GULF SHORE BLVD NORTH  
#1801  
NAPLES, FL 34103

FEI Number: 86-1098559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BOULEVARD  
SUITE 101  
FORT MYERS, FL 33907 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BROOKING, JOHN  
Address: 4551 GULF SHORE BLVD NORTH #1801  
City-St-Zip: NAPLES, FL 34103

Title: DVT  
Name: BACK, DENNIS RAY  
Address: 14571 BELLINO TERRACE #101  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: JOHN BROOKING

DPS

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date