2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME

Jul 15, 2005 8:00 am **Secretary of State DOCUMENT # P04000047476** 1. Entity Name 07-15-2005 90022 020 ***150.00 **HOMESITE DEVELOPMENT & REAL ESTATE** INVESTMENTS, INC. Principal Place of Business Mailing Address 14848 RAMSEY RD 14848 RAMSEY RD DADE CITY, FL 33523 DADE CITY, FL 33523 2. Principal Place of Business 3. Mailing Address 35142 Lana Drive P.O. Box **1205** Suite, Apt. #, etc. Suite, Apt. #, etc. 07122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL <u>Zephyrhills</u> 20-1209035 Dade City Not Applicable Country \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRIGMON, TONI L Street Address (P.O. Box Number is Not Acceptable) 14848 RAMSEY RD DADE CITY, FL 33523 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change ☐ Addition Toni L. Schaefer 35742 Lana Dr. BRIGMON, TONI L NAME NAME STREET ADDRESS 14848 RAMSEY RD STREET ADDRESS Dade City, Fl 33523 DADE CITY, FL 33523 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE Change ■ Addition steven T. Schaefer NAME SCHAEFER, STEVEN T NAME 35742 Lana Dr STREET ADDRESS 14848 RAMSEY RD STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33523 CITY-ST-ZIP Dode City FL TITLE ☐ Delete THILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIP 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.

Toni L. Schaefer \$7-12-05

FILED