

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076517

FILED  
Mar 02, 2005  
Secretary of State

Entity Name: HOME SITES UNLIMITED INC.

## Current Principal Place of Business:

700 CANOPY WALK LN.  
UNIT 725  
PALM COAST, FL 32137

## New Principal Place of Business:

## Current Mailing Address:

700 CANOPY WALK LN.  
UNIT 725  
PALM COAST, FL 32137

## New Mailing Address:

P.O. BOX 353526  
PALM COAST, FL 32135

FEI Number: 42-1630604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, DIANE L  
700 CANOPY WALK LN.  
UNIT 725  
PALM COAST, FL 32137 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: P ( ) Delete  
Name: MARTIN, WILLIAM R  
Address: 700 CANOPY WALK LN. UNIT 725  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete  
Name: MARTIN, DIANE L  
Address: 700 CANOPY WALK LN. UNIT 725  
City-St-Zip: PALM COAST, FL 32137

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MARTIN, DIANE L  
Address: 700 CANOPY WALK LN. UNIT 725  
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Change (X) Addition  
Name: MARTIN, WILLIAM R  
Address: 700 CANOPY WALK LN. UNIT 725  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Change (X) Addition  
Name: MARTIN, DIANE L  
Address: 700 CANOPY WALK LN. UNIT 725  
City-St-Zip: PALM COAST, FL 32137

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: WILLIAM R. MARTIN

P

03/02/2005

Electronic Signature of Signing Officer or Director

Date