2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM DOCUMENT # P04000114241 Secretary of State HOME PROPERTIES & ACQUISITIONS, INC. Principal Place of Business Mailing Address 10053 BRODBECK BLVD. ORLANDO FL 32832 10053 BRODBECK BLVD. ORLANDO FL 32832 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied Far City & State City & State 20-1477476 Not Applicable Country \$8.75 Additional Country ZID Za 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWIREN, L BRUCE ESQ. Street Address (P.O. Box Number is Not Acceptable) 1516 E. HILLCREST ST. SUITE 305 ORLANDO FL 32803 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 again and Glic if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addisi ☐ Delete TITLE TITLE P/D 11000000449458 NAME SILVESTRI, JOE NAME STREET ADDRESS 03/09/08-80057-004 150.00 STREET ADDRESS 10053 BRODBECK BLVD. CITY-SI-7/P ORLANDO FL 32832 CITY-ST-ZIP Delete TITLE ☐ Change $\prod F_{-}^{J,m}$ TITLE T/D NAME POCKLINGTON, JEFFREY L NAME STREET ADDRESS STREET ADDRESS 8742 WITTENWOOD COVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Oelete ☐ Change TRUE nne NAME NAME POCKLINGTON, JEFFREY M STREET AUGRESS 1135 HARVARD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 Change [] h. TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE NAME MAME STREET ADDRESS SYREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Arr TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAY-SI-RP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplierpental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or directly of the corporation or the receiver or trulitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block.

02/21/06

in address, with all other like empowered.

it changed, or on an attachme

SIGNATURE:

with a

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