## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Aug 08, 2005 8:00 am Secretary of State **DOCUMENT # P04000121884** 1. Entity Name 08-08-2005 90049 046 \*\*\*158.75 HOME RESCUERS, INC. Principal Place of Business Mailing Address 6010 9TH ST N PO BOX 21281 50060505 ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33742 08052005 CR2E034 (10/03) Chg-P Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent USEVICH, REGINA L 6010 9TH ST. N ST. PETERSBURG! FL 33703 8. The above named entity submits this statement for the purpose of changing its registered office or registe m the State of Florida. the obligations of SIGNATURE fame of registered agent and title (NOTE. Registered Agent signature required when reinstating) 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. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change 1379 FATTAGUT DTN 5t. Detersburg, FL 33710 NAME USEVICH, REGINA L NAME 6010 9TH ST. N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG,, FL 33703 CTTY-ST-ZIP SEC TITLE Delete TITLE USEVICH, REGINA L NAME NAME STREET ADDRESS 6010 9TH ST. N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33703 CITY-ST-7IP **TRES** TITLE ☐ Delete TITLE NAME USEVICH, REGINA L NAME 6010 9TH ST. N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33703 CITY-ST-ZIP TITLE ☐ Delete TITLE 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-ZIP TATLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-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 attachi REGINA **SIGNATURE:**

FILED