


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90045 036 ***550.00

DOCUMENT # P04000156607		
1. Entity Name HOME PRIDE AND COMPANIES OF FLORIDA, INC.		

Principal Place of Business 2501 N.E. 30TH ST. FORT LAUDERDALE, FL 33306 US	Mailing Address 2501 N.E. 30TH ST. FORT LAUDERDALE, FL 33306 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5202 O Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Omaha, Nebraska	4. FEI Number APPLIED FOR 20-1889738	Applied For <input type="checkbox"/> Not Applicable
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Zip 68117	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COCHRAN, LUKE 2501 N.E. 30TH ST. FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COCHRAN, LUKE J 12407 BUFFALO ROAD SPRINGFIELD, NE 68059 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE *[Signature]* **HOME PRIDE CO.** 7-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #