


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90123 020 \*\*\*150.00

<b>DOCUMENT # P05000021080</b> 1. Entity Name <b>HOME PRODUCTS SALES, INC</b>			
Principal Place of Business <b>805 BEVERLY PARKWAY PENSACOLA, FL 32505 US</b>		Mailing Address <b>805 BEVERLY PARKWAY PENSACOLA, FL 32505 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>2877 W. Michigan Ave</b>		Suite, Apt. #, etc. <b>2877 W. Michigan Ave</b>	
City & State <b>Pensacola FL</b>		City & State <b>Pensacola, FL</b>	
Zip <b>32526</b>		Zip <b>32526</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>20-2321521</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAKER, ELMER E 5805 NASHVILLE AVE PENSACOLA, FL 32526</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Elmer E. Baker</i></u> <span style="float: right;">7-11-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAKER, ELMER E 5805 NASHVILLE AVE PENSACOLA, FL 32526</b> <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: <u><i>Elmer E. Baker</i></u>		Date: <u>7-11-07</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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