2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90013 030 ***150.00 DOCUMENT # P05000133736 1. Entity Name HOME CENTER CLOSEOUTS, INC. 40048545 Principal Place of Business Mailing Address 1 SAN JOSE PLACE 1 SAN JOSE PLACE 26 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-3584914 Not Applicable Zip Country Zip Country \$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 MICKLER, JAMES R 2525 MICHAELSON WAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32223-0766 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. e, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MICKLER, JAMES R NAME STREET ADDRESS 2525 MICHAELSON WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322230766 CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE ☐ Channe DITLE 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 ☐ Delete DILE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

an address, with all other like empowered.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE: _

FILED

Daytime Phone #

Date