2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155052

Name:

Address:

City-St-Zip:

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BAURIES, TARA J

178 POINCIANA DRIVE

JUPITER, FL 33458

FILED Apr 29, 2008 Secretary of State

Entity Nai	me: HOMEPF	RO RENOVATIONS, INC.							
Current Principal Place of Business:				New Principal Place of Business:					
10805 SW DARDANELLE DRIVE PORT ST. LUCIE, FL 34987				3237 LAGOON LANE AVON PARK, FL 33825					
Current Mailing Address:				New Mailing Address:					
10805 SW DARDANELLE DRIVE PORT ST. LUCIE, FL 34987				10380 SW VILLAGE CENTER DRIVE SUITE #416 PORT ST. LUCIE, FL 34987					
FEI Number: 20-3856658 FEI Number Applied For ()			FEI Nun	FEI Number Not Applicable ()			Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
1203 GOV SUITE 101 TALLAHAS The above	ERNOR'S SQ SSEE, FL 323 named entity of Florida.		purpose o	f changing it	ts registered	office or reg	istered agen	t, or both,	
		nic Signature of Registered A	Date						
Election Car	npaign Financin	g Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	TUBIOLO, ANT	RDANELLE DRIVE		Title: Name: Address: City-St-Zip:	PD (X TUBIOLO, AN 3237 LAGOOI AVON PARK,	N LANE	Addition		
Title: Name: Address: City-St-Zip:	TUBIOLO, BAF	RDANELLE DRIVE		Title: Name: Address: City-St-Zip:	S (2 TUBIOLO, BA 3237 LAGOOI AVON PARK,	N LANE	Addition		
Title:	Т () Delete		Title:	() Change ()	Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY P. TUBIOLO PD 04/29/2008

() Change () Addition