

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000156095

1. Entity Name
HOME BASICS OF OCALA INC.



Principal Place of Business
**484 WATER CT
OCALA, FL 34472 US**

Mailing Address
**484 WATER CT.
OCALA, FL 34472 US**



06042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2187896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, KWAME M
484 WATER CT.
OCALA, FL 34472**

**DO NOT WRITE
IN THIS SPACE**

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

Kwame M. Moore President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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

TITLE	P
NAME	MOORE, KWAME M
STREET ADDRESS	484 WATER CT.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	SEC
NAME	MOORE, MARITZA M
STREET ADDRESS	484 WATER CT.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	TRE
NAME	MOORE, KWAME M
STREET ADDRESS	484 WATER CT.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	DIR
NAME	MOORE, KWAME M
STREET ADDRESS	484 WATER CT.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	DIR
NAME	MOORE, MARITZA M
STREET ADDRESS	484 WATER CT.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/06/07-80001-018 150.00

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IN THIS SPACE**

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:

Kwame M. Moore President

6/4/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #