

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 020 ***150.00

DOCUMENT # P06000007229					
1. Entity Name THE HOME OWNERSHIP COUNSELING CENTER, INC.					
Principal Place of Business 7025 COUNTY RD. 46A, STE. 1071, #102 LAKE MARY, FL 32746			Mailing Address 7025 COUNTY RD. 46A, STE. 1071, #102 LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04102007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4596926				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOYESEN, DARREN 385 CENTER POINTE CIR., STE. 1315 ALTAMONTE SPRINGS, FL 32701			Name <u>Todd Roberts</u> Street Address (P.O. Box Number is Not Acceptable) <u>7025 CR 46A, Ste. 1071-102</u> City <u>Lake Mary</u> <u>FL</u> Zip Code <u>32746</u>		
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>[Signature]</u> VP			DATE <u>04/10/07</u>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS-ROBERTS, PATRICIA 7025 COUNTY RD. 46A, STE. 1071, #102 LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, TODD 7025 COUNTY RD. 46A, STE. 1071, #102 LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Todd Roberts</u> DATE: <u>04/10/07</u> DAYTIME PHONE: <u>407-513-4154</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					