

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 028 ***150.00

DOCUMENT # P93000087378

1. Entity Name
HOME CREATIVE GROUP, INC.



Principal Place of Business

**13800 COPPERMINE ROAD 11951 Freedom Dr
HERNDON, VA 20171 13th Floor
Reston, VA 20190**

Mailing Address

**13800 COPPERMINE ROAD 11951 Freedom Drive 13th Floor
HERNDON, VA 20171 RESTON, VA 20190**

40099623



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0459058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, ROGER
223 DOLPHIN COVE COURT
BONITA SPRINGS, FL 34134**

**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

Signature, typed name and address of agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
HORNE, PHYLLIS
13800 COPPERMINE ROAD
HERNDON, VA 20171**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Steven Krouse
1859 HERITAGE OAK WAY
RESTON VA 20194**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Steven SPINER
1820 Fountain Dr #1201
RESTON VA 20190**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 another I am empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 4-22-08 703-966-227