

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055784

Entity Name: BACK HOME IMPORTS, INC.

FILED  
Jan 09, 2009  
Secretary of State

**Current Principal Place of Business:**

6728 ROWAN RD  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6728 ROWAN RD  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

FEI Number: 59-3255525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UTTLEY, ROBERT  
12803 WILLOWDALE WAY  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: UTTLEY, ROBERT A.  
Address: 12803 WILLOWDALE WY  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: KELLY, ROBIN D  
Address: 5519 KENTUCKY AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBIN KELLY

T

01/09/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date