

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90303 015 ***150.00

DOCUMENT # P95000002270

1. Entity Name
HOME AFFAIRS, INC.



Principal Place of Business
**1402 PALMETTO AVE.
 LEHIGH ACRES FL 33936**

Mailing Address
**1402 PALMETTO AVE.
 LEHIGH ACRES FL 33936**



2. Principal Place of Business
3715 12th Street West

3. Mailing Address
3715 12th Street West

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State
Lehigh Acres FL

City & State
Lehigh Acres FL

Zip
33971 Country **USA**

Zip
33971 Country **USA**

4. FEI Number **65-0550674** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARNOLD, JEFFREY M
 1402 PALMETTO AVE.
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name **Arnold Jeffrey M**

Street Address (P.O. Box Number is Not Acceptable)
3715 12th Street West

City **Lehigh Acres** **FL** Zip Code **33971**

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  **Jeffrey M. Arnold President** **3/6/05**

Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00!
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

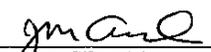
10. OFFICERS AND DIRECTORS

TITLE VP	<input type="checkbox"/> Delete
NAME ARNOLD, JEFFREY M	
STREET ADDRESS 1402 PALMETTO AVE.	
CITY-ST-ZIP LEHIGH ACRES FL 33936	
TITLE P	<input type="checkbox"/> Delete
NAME ARNOLD, ADRIENNE M.	
STREET ADDRESS 1402 PALMETTO AVE.	
CITY-ST-ZIP LEHIGH ACRES FL 33936	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Arnold, Jeffrey M.	
STREET ADDRESS 3715 12 th Street West	
CITY-ST-ZIP Lehigh Acres FL 33971	
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Arnold, Adrienne M.	
STREET ADDRESS 3715 12 th Street West	
CITY-ST-ZIP Lehigh Acres, FL 33971	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jeffrey M. Arnold** **3/6/05** **239 340 6077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #