## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # P95000008515

FILED Apr 05, 2004 8:00 am Secretary of State

| 1. Entity Name   |   |   |  |  | Secretary of State   |  |   |   |  |
|--|---|---|--|--|--|--|---|---|--|
| HOME MARKETING PRODUCTS, INC.  |   |   |  |  |  | 04-05-2004 9041  | 5 002 ***150.0                                    | 00  |  |
|  |   | ,   |  |  |  |  |   |   |  |
| Principal Plac   | e of Busines  | s   | Mailing Address                              | · · · · · · · · · · · · · · · · · · ·  | dos.   |  |   |   |  |
| 5650 CORTEZ ROAD, WEST   |   |   | -  | MEST   |  |  |   |   |  |
| BRADENTON FL 34210   |   |   | 5650 CORTEZ ROAD, WEST<br>BRADENTON FL 34210 |  |  |  |   |   |  |
| US   |   |   | US   |  |  |  |   | III <b>PO:</b> 11 IBBI                                |  |
| 2. Principal P   | Place of Busin  | 16\$\$  | 3. Mailing Address                           |  |  |  |   |   |  |
|  |   |   | S. Walling Address                           |  |  |  |   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.                          |  | MOORE CR2  | 2E034 (11/03)  |   |   |  |
| City & State   |   |   | A  |  |  |  |   |   |  |
| City & State   |   |   | City & State                                 |  |  | 4. FEI Number 65-0553112                               | <u>}—</u> ——                                      | oplied For<br>ot Applicable                           |  |
| Zip  | Zip Country   |   | Zip  | Country  |  | 5 Certificate of Status Desired S8.75 Additional       |   |   |  |
|  |   |   |  |  |  | Fee Required   |   |   |  |
| 6. Name and Address of Current Registered Agent  |   |   |  |  | 7. Name and Address of New Registered Agent Name   |  |   |   |  |
| ELBRECHT, RAYMOND F  |   |   |  | 140110   | المستحدد المتعادي المال المنافية المالية المنافية المالية المنافية |  |   |   |  |
| 565  | 0 CORTE   | Z ROAD, WEST  |  | Street /   | Street Address (P.O. Box Number is Not Acceptable)   |  |   |   |  |
| BRADENTON FL 34208   |   |   |  |  |  | Charles view.  |   |   |  |
| •  |   |   |  | City   |  |  | Zio Cod   |   |  |
| *  |   |   |  |  |  | FL Zip Code  |   |   |  |
| <ol><li>The above the obligat</li></ol>  | named entity<br>ions of regist                                      | y submits this statement<br>tered agent.  | for the purpose of changing its              | registered office of   | or registere   | ed agent, or both, in the State of Florida             | . I am familiar with,                             | and accept  |  |
| J  |   | 3   | •  |  |  |  |   |   |  |
| SIGNATURE .  | Signature, typed  | or printed name of registered age   | nt and title if applicable. (NOTE            | : Registered Agent signa   | lure required  | when reinstating)                                      | DATE  | <del></del>   |  |
| F  | ILE NOW!  | HEEELOON  |  |  |  | γ  | W-L VI  |   |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00   |   |   |  |  |  |  |   |   |  |
| And the second of the second o | <ul><li>(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)</li></ul>           | 以此,2015年196日 - 1967年 (1985年 - 1985年 - 1985年 - 1985年 - 1986年 - | <b>)</b>                                     |  |  | 9. Election Campaign Financi                           |   | May Be  |  |
| Afte   | r May 1, 200  | 以此,2015年196日 - 1967年 (1985年 - 1985年 - 1985年 - 1985年 - 1986年 - | (5.184.) (5.36.) (5.44.) (5.45.)             |  |  | Election Campaign Financi     Trust Fund Contribution. |   | May Be<br>to Fees                                     |  |
| Make Check   | r May 1, 200<br>k Payable to  | 04 Fee will be \$550.00   | of State 5<br>D DIRECTORS                    | 11.  |  |  | ☐ Added   | to Fees   |  |
| After Make Check 10.   | r May 1, 200<br>k Payable to  | 04 Fee will be \$550.00<br>o Florida Department<br>OFFICERS AN  | of State                                     | TITLE  |  | Trust Fund Contribution.                               | ☐ Added   | to Fees   |  |
| Afte<br>Make Check<br>10.<br>TITLE<br>NAME   | r May 1, 200<br>c Payable to<br>D<br>ELBRECHT                       | 04 Fee will be \$550.00<br>b Florida Department<br>OFFICERS ANI<br>I, RAYMOND F   | of State 5<br>D DIRECTORS                    | TITLE<br>NAME  |  | Trust Fund Contribution.                               | Added   | d to Fees   |  |
| After Make Check 10.   | D<br>ELBRECHT<br>5650 COR   | 04 Fee will be \$550.00<br>o Florida Department<br>OFFICERS AN  | of State 5<br>D DIRECTORS                    | TITLE  |  | Trust Fund Contribution.                               | Added   | d to Fees   |  |
| Afte Make Check  10.  TITLE NAME STREET ADDRESS  | D<br>ELBRECHT<br>5650 COR   | 04 Fee will be \$550.00<br>b Florida Department<br>OFFICERS ANI<br>F, RAYMOND F<br>TEZ ROAD, WEST   | of State:  D DIRECTORS  Delete               | TITLE<br>NAME<br>STREET ADDRESS  |  | Trust Fund Contribution.                               | Added   | d to Fees S IN 11 Addition                            |  |
| After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D ELBRECHT D ELBRECHT D ELBRECHT D ELBRECHT D ELBRECHT D ELBRECHT D | 04 Fee will be \$550.00 o Florida Department OFFICERS ANI T, RAYMOND F TEZ ROAD, WEST ON FL 34210 T, DIANE L  | of State 5<br>D DIRECTORS                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | Trust Fund Contribution.                               | Added   | d to Fees   |  |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

SIGNING OFFICER OR DIRECTOR