



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000008515</b> 1. Entity Name <b>HOME MARKETING PRODUCTS, INC.</b>					
Principal Place of Business <b>5650 CORTEZ ROAD, WEST BRADENTON, FL 34210 US</b>			Mailing Address <b>5650 CORTEZ ROAD, WEST BRADENTON, FL 34210 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
					
			01142005      Chg-P      CR2E034 (10/03)		
			4. FEI Number <b>65-0553112</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ELBRECHT, RAYMOND F 5650 CORTEZ ROAD, WEST BRADENTON, FL 34208</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Payable to: <b>FL Dept. of State</b>
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ELBRECHT, RAYMOND F 5650 CORTEZ ROAD, WEST BRADENTON, FL 34210</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000285964</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/04/05-80008-025 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ELBRECHT, DIANE L 5650 CORTEZ ROAD, WEST BRADENTON, FL 34210</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Diane Elbrecht</i></u> <u>3-31-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					