


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P95000015965</b><br>1. Entity Name<br><b>HOMESTEAD FINANCIAL SERVICES, INC.</b> |  |
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|---|---|
| Principal Place of Business<br>2662 S.W. PORT ST. LUCIE BLVD.<br>PT. ST. LUCIE, FL 34953 US | Mailing Address<br>2662 S.W. PORT ST. LUCIE BLVD.<br>PT. ST. LUCIE, FL 34953 US |
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03042003 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-3298315  | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

CHAPMAN, ALAN. V  
2662 S.W. PORT ST. LUCIE BLVD.  
PT. ST. LUCIE, FL 34953

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>CHAPMAN, ALLAN V.<br>2662 S.W. PORT ST. LUCIE BLVD.<br>PT. ST. LUCIE, FL 34953 |
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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)(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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 (772) 336-7722  
Date Daytime Phone #