2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000077825 02-10-2004 90033 041 ***150.00 HOME DEVCO REALTY CORP. Principal Place of Business Mailing Address **コモロエロチィィ** 15340 JOG ROAD 15340 JOG ROAD SUITE 100 SUITE 100 DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 2. Principal Place of Business 3. Mailing Address 5350 W. Atlanti 350 W.Atlantic Ave uite Apt. #, etc. Suite Apt. #. etc. 01082004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For 65-0645789 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEINBERG, ANDREW **15340 JOG ROAD** DELRAY BEACH, FL 33446 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition Change NAME STEINBERG, ANDREW NAME C. Suite 100 15340 JOG ROAD #100 STREET ADDRESS STREET ADDRESS ray Beach, FL 33484 DELRAY BEACH, FL 33446 CITY-ST-ZIP CITY-ST-ZIP vs TITLE VS TITLE ☐ Delete racocha, Stephen F. PACOCHA, STEPHEN NAME NAME 5350 W. Atlantic Avc. suite 100 STREET ADDRESS 15340 JOG ROAD #100 STREET ADDRESS Delray Beach, FL 33484 CITY-ST-ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP TITLE TV ☐ Delete TITLE NAME SWARTZ, RICHARD NAME 5350 W. Atlantic Ave. suite 100 Delray Beach, FL 33484 STREET ADDRESS 15340 JOG RD., STE 100 STREET ADDRESS DELRAY BEACH, FL 33446 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TIT! F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 oversteen powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Feb 10, 2004 8:00 am