2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000077825

1. Entity Name

HOME DEVCO REALTY CORP.

Principal Place of Business

5350 W ATLANTIC AVE

SUITE 100

DELRAY BEACH, FL 33484 US

Mailing Address

5350 W ATLANTIC AVE

SUITE 100

DELRAY BEACH, FL 33484

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FILED
May 01, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04302007

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0645789 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, ANDREW 5350 W ATLANTIC AVE STE 100 DELRAY BEACH, FL 33484

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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.	1 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)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBERG, ANDREW 5350 W ATLANTIC AVE STE 100 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PACOCHA, STEPHEN F 5350 W ATLANTIC AVE STE 100 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD SWARTZ, RICHARD 5350 W ATLANTIC AVE STE 100 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE	

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U00000753183 05/22/07-80011-003 150.00

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 31 other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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561 638-3600

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