


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90013 007 \*\*\*150.00

<b>DOCUMENT # P95000096535</b>			
1. Entity Name <b>HOMESPEC CORPORATION</b>			
Principal Place of Business <b>8080 INAGUA LANE #102 WELLINGTON, FL 33414</b>		Mailing Address <b>8080 INAGUA LANE #102 WELLINGTON, FL 33414</b>	
2. Principal Place of Business <b>8080 INAGUA LANE</b>		3. Mailing Address <b>8080 INAGUA LANE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON, FL</b>	
Zip <b>33414</b>		Country	
Zip <b>33414</b>		Country	
4. FEI Number <b>65-0629048</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BELSON, STEVEN A BELSON &amp; LEWIS 2000 GLADES RD, STE. 306 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent <b>2500 N. MILITARY TRAIL SUITE 465 WELLINGTON, FL 33414</b>	
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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTD FIGLEY, GEORGE 8080 INAGUA LANE N PALM BCH, FL 33414</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
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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: <b>George Figley</b>		Date: <b>1/4/05</b> Daytime Phone #: <b>561 432-0721</b>	