

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000019118

1. Entity Name
HOMEFINDERS REAL ESTATE INVESTMENTS, INC.



Principal Place of Business
2636 MISSION ROAD
TALLAHASSEE, FL 32304

Mailing Address
POST OFFICE BOX 1523
TALLAHASSEE, FL 32302

FILED
04 MAY -6 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3471997

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZAPP, SHEILA
2636 MISSION ROAD
TALLAHASSEE, FL 32304

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200036187152
05/12/04--01024--006 **300.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | ZAPP, S.A. |
| STREET ADDRESS | 2636 MISSION ROAD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32304 |

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| STREET ADDRESS | |
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04