2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056579

Entity Name: HOME BANCGROUP, INC.

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	H FEDERAL HV ALE, FL 33009	VY US		H FEDERAL HWY ALE BEACH, FL 33009	US	
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 3 HALLANDA	3930 ALE, FL 33008	US	P.O. BOX : HALLAND,	3930 ALE BEACH, FL 33008	US	
FEI Number:	65-0788453	FEI Number Applied For ()	FEI Number Not App	licable () Certificate	of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ISRAEL, STANLEY E ESQ 450 NORTH PARK ROAD SUITE 500 HOLLYWOOD, FL 33021 US			450 NORT SUITE 500	ISRAEL, MARILYN ESQ 450 NORTH PARK ROAD SUITE 500 HOLLYWOOD, FL 33021 US		
The above in the State		bmits this statement for the pu	rpose of changing i	ts registered office or reg	istered agent, or both,	
SIGNATUR	RE: MARILYN IS	SRAEL		01/	12/2005	
	Electronic	Signature of Registered Ager	nt	Da	ate	
Election Cam	paign Financing 1	Trust Fund Contribution ().				
OFFICERS	AND DIRECTO	ORS:	ADDITION	IS/CHANGES TO OFFIC	ERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CDP () Delete LAZZERI, GUY L 450 N. PARK RD. STE. 500 HOLLYWOOD, FL 33021		Title: Name: Address: City-St-Zip:	Name: Address:		
Title: Name: Address: City-St-Zip:	VD () D COLE, BRIAN R 450 N. PARK RD. HOLLYWOOD, FL		Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	SD () D ISRAEL, STANLE 450 N. PARK RD. HOLLYWOOD, FL	Y E STE. 500	Title: Name: Address: City-St-Zip:	SD (X) Change () ISRAEL, MARILYN 450 N. PARK RD. STE. 500 HOLLYWOOD, FL 33021	Addition	
Title: Name: Address: City-St-Zip:	D () D DISKIN, LAURENG 450 N. PARK RD. HOLLYWOOD, FL	CE STE. 500	Title: Name: Address: City-St-Zip:	() Change ()	Addition	
Title: Name: Address: City-St-Zip:	D () D FLAYDERMAN, N 450 N. PARK RD. HOLLYWOOD, FL	STE. 500	Title: Name: Address: City-St-Zip:	() Change ()	Addition	
	•	_ 33021	Oity-Ot-Zip.			

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN R COLE SVP 01/12/2005