2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004
Secretary of State

DOCUMENT# P98000006930

Entity Name: HOME OPTIONS, INC.

Current Principal Place of Business:

11560 OLD ST. AUGUSTINE ROAD., STE 4
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

PO BOX 56469
JACKSONVILLE, FL 322416469

New Mailing Address:

FEI Number: 59-3488907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, MARIA V
5157 SADDLEHORN DRIVE SOUTH
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KING, MARIA V
Address: 5157 SADDLEHORN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-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: MARIA V. KING P 07/23/2004

Electronic Signature of Signing Officer or Director Date