

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90194 015 ***150.00

DOCUMENT # P98000008096

1. Entity Name

HOME ACCENTS UNLIMITED INC.



Principal Place of Business

1 ENTERPRISE US 1
SUITE 13 T&C PLAZA
BUNNELL FL 32110

Mailing Address

P.O. BOX 1866
PALM COAST FL 32135

2. Principal Place of Business

4982 PALM COAST PKWY
SUITE 4

3. Mailing Address

PO BOX 351866
PALM COAST

City & State

PALM COAST FL

City & State

FL 32135

Zip

32137

Country

USA

Zip

32135

Country

USA

6. Name and Address of Current Registered Agent

EMLING, RICHARD F
EIGHT CLASSIC COURT
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

ELLY M. EMLING

Street Address (P.O. Box Number is Not Acceptable)

8 CLASSIC COURT

City

PALM COAST

FL

Zip Code

32137

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

Elly Emling

Signature, word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☒ Delete
NAME EMLING, RICHARD F
STREET ADDRESS 8 CLASSIC CT. DECEASED
CITY-ST-ZIP PALM COAST FL 32137

TITLE DP ☐ Delete
NAME EMLING, SCOTT W
STREET ADDRESS 505 PROSPERITY LAKE DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE DV ☐ Delete
NAME EMLING, SHAWN M
STREET ADDRESS 2257 WALKERS GLEN LANE
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE DTS ☐ Delete
NAME EMLING, ELLY M
STREET ADDRESS 8 CLASSIC CT.
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☒ Change ☐ Addition
NAME EMLING SCOTT W.
STREET ADDRESS 53 BURBANK DR.
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DUST ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE:

Elly M. Emling ELLY M EMLING

4/24/06

386-445-3763