2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## **FILED** Mar 25, 2005 08:00 AM Secretary of State DOCUMENT # P98000020229 1. Entity Name HOMES FINANCIAL GROUP, INC. Principal Place of Business . Mailing Address 4111 DREXEL AVENUE 4111 DREXEL AVENUE TAMPA, FL 33611 TAMPA, FL 33611 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0816647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAVELY, PAMELA K DO NOT WRITE 4111 DREXEL AVENUE TAMPA, FL 33611 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GRAVELY, PAMELA K NAME STREET ADDRESS 4111 DREXEL AVENUE CITY-ST-ZIP TAMPA, FL 33611 U00000275842 TITLE NAME 03/25/05-80008-009 150.ND STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this (liting 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 offer like empowered?

SIGNATURE:

CITY-ST-ZIP

CER OR DIRECTOR