

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000080192

1. Entity Name
JACK KINDER, SR. HOMEMART, INC.



Principal Place of Business
9370 SOUTH HIGHWAY 441
OCALA, FL 34480

Mailing Address
4020 S. PINE AVE
OCALA, FL 34480



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3535738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINDER, JACK SR.
4020 S. PINE AVE
OCALA, FL 34480

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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**

11000000035888
03/12/04-80001-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KINDER, JACK SR.
STREET ADDRESS 9370 SOUTH HIGHWAY 441
CITY-ST-ZIP OCALA, FL 34475

TITLE P
NAME KINDER, JACK D
STREET ADDRESS 4020 PINE AVE.
CITY-ST-ZIP OCALA, FL 34480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

JACK D. KINDER PRESIDENT 3-904 (352) 622-2460

Date

Daytime Phone #