

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 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**



01062006

No Chg-P

CR2E034 (11/05)

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 D
4020 S. PINE AVE
OCALA, FL 34480**

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000480341
04/10/06-80041-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINDER, GREG D
STREET ADDRESS	9370 SOUTH HIGHWAY 441
CITY-ST-ZIP	OCALA, FL 34480
TITLE	VP
NAME	KINDER, JACK D
STREET ADDRESS	4020 S PINE AVENUE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	SEC
NAME	KINDER, JACK D
STREET ADDRESS	4020 S PINE AVENUE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or without power of attorney.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK D. KINDER V Pres 3/23/06 (352) 622-2460

Date

Daytime Phone #