

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000030567

FILED
Jan 05, 2005
Secretary of State

Entity Name: HME COMMERCIAL DEVELOPMENT, INC.

Current Principal Place of Business:

2355 RADEN DR
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1439
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3601743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINKLER, BERNARD
P.O. BOX 1441
LAND O'LAKES, FL 34639 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINKLER, LYNN
Address: 6229 TOWER ROAD
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: WINKLER, BERNARD
Address: 6229 TOWER ROAD
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WINKLER, LYNN
Address: P.O. BOX 1428
City-St-Zip: LAND O'LAKES, FL 34639

Title: D (X) Change () Addition
Name: WINKLER, BERNARD
Address: P.O. BOX 1428
City-St-Zip: LAND O'LAKES, FL 34639

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: LYNN WINKLER

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date