


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000043857

1. Entity Name
MARGARET HOMAN, INC.



Principal Place of Business Mailing Address

7376 BROAD STREET 7376 BROAD STREET
BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601



DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3705033 Not Applicable

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

6. Name and Address of Current Registered Agent

HOMAN, MARGARET
7376 BROAD STREET
BROOKSVILLE, FL 34601

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOMAN, MARGARET
STREET ADDRESS	9300 LONG ISLAND ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	VPD
NAME	HOMAN, LESLIE C
STREET ADDRESS	9300 LONG ISLAND ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	STD
NAME	HOMAN III, LESLIE C
STREET ADDRESS	9335 LONG ISLAND ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80118-021 150.00

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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: Margaret Homan 4-30-05 (352) 796-1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #