

FILED
Mar 31, 2004 08:00 AM
Secretary of State

1. Entity Name
HOMELIFE FINANCIAL, INC.



Mailing Address
3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FBI Number
85-0977579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 S FEDERAL HIGHWAY
STUART, FL 34994

**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 Agents 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

03/31/04-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOSS, ARDEN JR
STREET ADDRESS	3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	DVPC
NAME	DOSS, RENEE M
STREET ADDRESS	3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE	ST
NAME	ROWE, RHONDA S
STREET ADDRESS	3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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

3/26/04

Date: _____

(772) 692-7800

Daytime Phone # _____