

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 010 ***150.00

DOCUMENT # V68980

1. Entity Name
HOME OWNERS MARKETPLACE OF ORLANDO, INC.



Principal Place of Business

3354 CURRY FORD RD
ORLANDO, FL 32806 US

Mailing Address

111 S ARMENIA AVE
STE 100
TAMPA, FL 33609 US

94049241



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENNATI, ALVIN A.
111 S ARMENIA AVE
STE 100
TAMPA, FL 33609

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BENNATI, ALVIN A. Jr.
STREET ADDRESS	111 S ARMENIA AVE STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DP
NAME	BENNATI, MARJORIE
STREET ADDRESS	111 S ARMENIA AVE STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DP
NAME	Bennati, Liane
STREET ADDRESS	111 S. Armenia Ave Ste 100
CITY-ST-ZIP	Tampa, FL 33609
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04