

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# N00000003251

Entity Name: HOMESPUNJOY, INC.

Current Principal Place of Business:

1430 - 54TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

1430 - 54TH STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOSTER, DAVID W
555 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BARBARA JAYNE JOY FI, SHER
Address: 1430 - 54TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: HILL, BONNIE
Address: 840 BEACH DRIVE NORTHEAST
City-St-Zip: ST. PETERSBURG, FL 33701

Title: P () Delete
Name: MCCARTHY, RUBY DOROTHY
Address: 1407 YORK STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: MCADAMS, BARBARA V
Address: 1430 - 54TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: SMITH, MARY
Address: 2045 EAST BAY DRIVE #327
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBRA JAYNE JOY FISHER

VP

05/11/2006

Electronic Signature of Signing Officer or Director

Date