

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000103019

Entity Name: HOMKOR FLORIDA, INC.

Current Principal Place of Business:

207 N. LAURA STREET, SUITE 260
JACKSONVILLE, FL 32202

Current Mailing Address:

207 N. LAURA STREET, SUITE 260
JACKSONVILLE, FL 32202

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WISS, ELLEN A
112 SEA HAMMOCK WAY
PONTE VEDRA BEACH, FL 32082 US

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

Officer/Director Detail :

Title VP
Name WISS, JAMES R
Address 112 SEA HAMMOCK WAY
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VS
Name SHIPPEE, LINDA
Address 612 GARFIELD AVE
City-State-Zip: KANSAS CITY MO 64124

Title PCD
Name WISS, ELLEN A
Address 112 SEA HAMMOCK WAY
City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby 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 all other like empowered.

SIGNATURE: LINDA SHIPPEE

VICE PRES/SECRETARY

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date