


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000048941

1. Entity Name
 HOME ON HARRISON, INC.



Principal Place of Business 1942 HARRISON ST HOLLYWOOD, FL 33020	Mailing Address 1942 HARRISON ST HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CP2E034 (10/03)

4. FEI Number 65-0841671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAITER, TODD A
 19925 N.E. 39TH PLACE
 #301
 AVENTURA, FL 33280

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D PISANO, THOMAS N 19925 N.E. 39TH PLACE #301 AVENTURA, FL 33280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAITER, TODD 19925 N.E. 39TH PLACE #301 AVENTURA, FL 33280
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 03/08/04-80155-011 150.00

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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)(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: *Todd Raiter* **TODD RAITER** **3-3-04** **9549244603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #