


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000048941**  
 1. Entity Name  
 HOME ON HARRISON, INC.



Principal Place of Business      Mailing Address  
 1942 HARRISON ST                      1942 HARRISON ST  
 HOLLYWOOD, FL 33020                      HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**



04072005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0841671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2005 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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000296133  
 04/09/05-80055-015 150.00

**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)(i), 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**    47.05    9549244663  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    **Owner**    Date    Daytime Phone #