

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J24967

1. Entity Name
HOME TECHNIQUES, INC.



Principal Place of Business
3709 RANDALL STREET
TALLAHASSEE, FL 32309

Mailing Address
3709 RANDALL STREET
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32309

Country
LEON

Zip
32309

Country
LEON

04142008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2695379

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTERLINE, PAUL
3709 RANDALL STREET
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Paul Casterline

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, 2008 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
P
CASTERLINE, PAUL
3709 RANDALL ST.
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BURNETT, MICHAEL
1813 DEBRA
TALLAHASSEE, FL 32303 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BAKER, BRYAN
1916 DELLWOOD DR.
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WALTER E DREELAND
1916 DELLWOOD DR.
TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
04/14/08--01030--001 ☐ Change ☐ Addition
000123242320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Paul Casterline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William

APR 14 2008

FILED

08 APR 14 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

