

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90178 010 ***150.00

DOCUMENT # P01000073025

1. Entity Name

HOME TECHNOLOGY BY DESIGN, INC.



Principal Place of Business

351 INTERSTATE COURT, STE A
SARASOTA FL 34240
US

Mailing Address

351 INTERSTATE COURT, STE A
SARASOTA FL 34240
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3731587

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECANIO, RONALD
2803 FRUITVILLE RD
SUITE #120
SARASOTA FL 34237

Name Ronald DeCanio

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

351 Interstate Court Suite A

City Sarasota

FL

Zip Code 34240

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DECANIO, RONALD F
STREET ADDRESS 818 GRAND SAYAN LOOP
CITY-STATE-ZIP APOPKA FL 32712

TITLE ☒ Change ☐ Addition
NAME RONALD F. DeCanio
STREET ADDRESS 2482 Cedar Knoll Dr.
CITY-STATE-ZIP APOPKA FL 32712

TITLE D ☐ Delete
NAME DECANIO, RONALD
STREET ADDRESS 1545 RACIMO DRIVE
CITY-STATE-ZIP SARASOTA FL 34240

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: the Phone #

4-9-07 941-377-2800