


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P02000007063 |  |
| 1. Entity Name SOUTHERN HOME TECHNOLOGY, INC. | |

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| Principal Place of Business 5868 ENTERPRISE PKWY FT. MYERS, FL 33905 | Mailing Address 5868 ENTERPRISE PKWY FT. MYERS, FL 33905 |
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03102006 No Chg-P CR2E034 (11/05)

4. FEI Number **04-3588356** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent VIEHMANN, PAUL A 5868 ENTERPRISE PKWY FT. MYERS, FL 33905 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000469887
03/27/06-80021-004 150.00**

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VIEHMANN, PAUL A 5868 ENTERPRISE PKWY FT. MYERS, FL 33905 |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul A. Viehmann* Paul A. VIEHMANN 3/14/06 239-694-853
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone