


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000028403

1. Entity Name
TECHNI-HOME, INC.



Principal Place of Business Mailing Address

**3030 DR. MARTIN LUTHER KING JR. ST. N.
 ST. PETERSBURG, FL 33704** **3030 DR. MARTIN LUTHER KING JR. ST. N.
 ST. PETERSBURG, FL 33704**

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3029880	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANZESE, PAUL
 3030 DR. MARTIN LUTHER KING JR. ST. N.
 ST. PETERSBURG, FL 33704**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

000000856185
 03/28/08-80002-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANZESE, DOUGLAS G JR.
STREET ADDRESS	3030 DR. MARTIN LUTHER KING JR. ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	D
NAME	FRANZESE, PAUL
STREET ADDRESS	3030 DR. MARTIN LUTHER KING JR. ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **DOUGLAS G FRANZESE** 3-10-08 727-776-8037

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