

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061500

FILED
Jul 06, 2004
Secretary of State

Entity Name: HOME ASSOCIATED PRODUCTS, INC.

Current Principal Place of Business:

8931-C MAISLIN DR.
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8931-C MAISLIN DR.
TAMPA, FL 33637

New Mailing Address:

FEI Number: 20-0035831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIGAN, DAVID C
10927 NORTH 56TH ST.
TAMPA, FL 336173000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALENTI, JAMES N
Address: 8512 PARROTS LANDING
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: DENNIS, RICHARD
Address: 501 EAST BAY DR., UNIT 1803
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. VALENTI

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date