## **2004 FOR PROFIT CORPORATION**

## Jan 09, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P03000124964** 01-09-2004 90068 019 \*\*\*158 75 MODERN HOME TECHNOLOGY, INC. Principal Place of Business Mailing Address 2234 LAKE RUBY DRIVE 2234 LAKE RUBY DRIVE DELAND, FL 32724 DELAND, FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required .Country\_\_\_\_\_ Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISS, GERRY Street Address (P.O. Box Number is Not Acceptable) 2234 LAKE RUBY DRIVE DELAND, FL 32724 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete WEISS, GERRY NAME NAME 2234 LAKE RUBY DRIVE STREET ADDRESS STREET ADDRESS DELAND, FL 32724 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITI E Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change MLE ☐ Delete TILE

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attactment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE