

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000098062

1. Entity Name  
HOME TECHNOLOGY CONSTRUCTION, INC.



Principal Place of Business  
2233 NW 133RD TERRACE  
GAINESVILLE, FL 32606

Mailing Address  
2233 NW 133RD TERRACE  
GAINESVILLE, FL 32606

**FILED**

**Jan 12, 2006 08:00 AM**  
**Secretary of State**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3354920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MORRIS, GERALD R  
2233 NW 133RD TERRACE  
GAINESVILLE, FL 32606

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

100100583066  
01/12/06-80031-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	MORRIS, GERALD R
STREET ADDRESS	2233 NW 133RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32606

**DO NOT WRITE  
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

171-016

352 332 4772

Date

Daytime Phone #