


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 038 ***150.00

DOCUMENT # V54530 1. Entity Name HOME AUTOMATION & DESIGN, INC.					
Principal Place of Business 18000 A PAULSON DR PORT CHARLOTTE, FL 33954 US			Mailing Address 3440 CONWAY BLVD. SUITE 1-A PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0351803	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, ALLEN J. 3440 CONWAY BLVD. SUITE 1A PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Irene L. Stec Street Address (P.O. Box Number is Not Acceptable) 18000 A Paulson Drive City Port Charlotte FL Zip Code 33954	
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 <u><i>Irene L. Stec</i></u> DATE 3/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES STEC, IRENE L. 18000 A PAULSON DR PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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03032008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0351803

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Irene L. Stec**
 Street Address (P.O. Box Number is Not Acceptable) **18000 A Paulson Drive**
 City **Port Charlotte** **FL** Zip Code **33954**

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 *Irene L. Stec* DATE **3/3/08**
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**

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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: *Irene L. Stec* DATE **3/3/08** DAYTIME PHONE # **941-629-1884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR