

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718168

Entity Name: HAPPY HOUSE, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

LAKE JEFFERY RD
P O BOX 1282
LAKE CITY, FL 320561282

New Principal Place of Business:

Current Mailing Address:

LAKE JEFFERY RD
P O BOX 1282
LAKE CITY, FL 320561282

New Mailing Address:

FEI Number: 59-1294906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOPLING, WALLACE M
327 N HERNANDO STREET
LAKE CITY, FL 32055 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGLAMERY, BARBARA
Address: 448 S. FIRST ST.,
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: SPRING, JUDY
Address: RT 13 BOX 331-26
City-St-Zip: LAKE CITY, FL 32055

Title: CD () Delete
Name: PERSONS, JOE
Address: 18 N. RIDGEWOOD DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: WHEELER, LORRIE
Address: RT. 13 BOX 186-A
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: KELLY, VERONICA
Address: 880 EAST BAYA
City-St-Zip: LAKE CITY, FL 32055

Title: CD () Delete
Name: HELTON, CAROL
Address: 6214 S. DRIVE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CD (X) Change () Addition
Name: PERSONS, JOE
Address: RT. 4, BOX 28410
City-St-Zip: LAKE CITY, FL 32055

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE PERSONS

CD

01/07/2004

Electronic Signature of Signing Officer or Director

Date