

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90096 012 \*\*\*150.00

**DOCUMENT # 359783**

1. Entity Name  
**REALTY HOUSE INC**



Principal Place of Business  
**99 EGLIN PARKWAY, N.E., SUITE 46  
FT WALTON BEACH, FL 32548**

Mailing Address  
**99 EGLIN PARKWAY, N.E., SUITE 46  
FT WALTON BEACH, FL 32548**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1296854**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BETHEA, BASIL L JR.,  
99 EGLIN PARKWAY, N.E., SUITE 46  
FT WALTON BEACH, FL 32548**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BETHEA, BASIL L JR  
99 EGLIN PARKWAY, NE, 46  
FORT WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
BETHEA, SALLY C  
99 EGLIN PARKWAY, NE, 46  
FORT WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**1-4-07**  
Date

**850 244-9117**  
Daytime Phone #

ATTACHMENT 40113389  
#359783  
**REALTY HOUSE**  
**COMMERCIAL PROPERTIES, INC.**

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99 Eglin Parkway N.E., Suite 46  
Fort Walton Beach, FL 32548  
Telephone 850-244-9117 • Fax 850-664-6622  
E-MAIL: info@realtyhouse.com

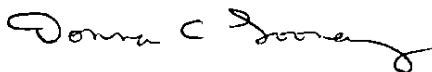
May 9, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 8800  
Tallahassee, FL 32314

Dear Sir

Enclosed please find Annual Reports for Realty House, Inc, and Realty House Commercial Properties, Inc. along with checks #5861 and 6804 respectively. Please notice that these checks were cut for payment on January 4, 2007. They had been held until closer to the due date of May 1<sup>st</sup>. As the accountant for Realty House, I am asking forgiveness for the late fees on both of these companies. My father, Mr. Sidney F. Guidry passed away on April 17<sup>th</sup>. Due to his death I had been out of the office at the time these reports and payments should have been mailed. Consequently, they were not mailed until after the due date had passed. Thank you for your kind consideration.

Sincerely



Donna C. Looney  
Accountant for  
Realty House Commercial Properties, Inc  
And Realty House, Inc.



Individual Members