

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90384 044 ***150.00

DOCUMENT # 554630

1. Entity Name
Y. TOMMY HOUSCH CORPORATION



Principal Place of Business
**407 SOUTH LAKE AVE
PAHOKEE, FL 33476 US**

Mailing Address
**407 SOUTH LAKE AVE
PAHOKEE, FL 33476 US**

40051581



2. Principal Place of Business
323 Annona Avenue

3. Mailing Address
323 Annona Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State
Pahokee, FL

City & State
Pahokee, FL

4. FEI Number
59-1775778

Applied For
Not Applicable

Zip
33476

Country
USA

Zip
33476

Country
USA

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

6. Name and Address of Current Registered Agent

**HOUSCH, TOMMY Y.
407 SO. LAKE AVE.
PAHOKEE, FL 33476**

7. Name and Address of New Registered Agent

Name
Housch, Tommy Y.

Street Address (P.O. Box Number is Not Acceptable)
323 Annona Avenue

City
Pahokee

FL

Zip Code
33476

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOUSCH, Y. TOMMY
407 S LAKE AVE
PAHOKEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Housch, Y Tommy
323 Annona Avenue
Pahokee, FL 33476** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Tommy Housch

4/14/06 561-924-2853

Date

Daytime Phone #