

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 589348

1. Entity Name
HOUSE OF TROPHIES, INC.



Principal Place of Business
1050 CASSAT AVE.
JACKSONVILLE, FL 32205

Mailing Address
1050 CASSAT AVE.
JACKSONVILLE, FL 32205



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1845849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R.
1027 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205

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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

1100000553260
05/15/06-80043-015 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME ROWE, DONALD J.
STREET ADDRESS 1050 CASSAT AVE.
CITY-ST-ZIP JACKSONVILLE, FL 00000,

TITLE S
NAME WALTERS, DEBORAH DEKLE
STREET ADDRESS 8135 GREEN GLADE RD
CITY-ST-ZIP JACKSONVILLE, FL

TITLE P
NAME HICKOX, GRACE
STREET ADDRESS 1636 BELLAIR BLVD
CITY-ST-ZIP ORANGE PARK, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Donald J. Rowe **DONALD J. ROWE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 (904) 786-8030
Daytime Phone #