

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90127 024 \*\*\*150.00

**DOCUMENT # 621754**

1. Entity Name  
PINK HOUSE, INC.



Principal Place of Business  
5535 U.S. 27 SOUTH  
SEBRING, FL 33870

Mailing Address  
5535 U.S. 27 SOUTH  
SEBRING, FL 33870

**40045203**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1948807

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

HAVLOCK, MILDRED  
5535 US 27 SO  
SEBRING, FL 33870

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 **P** ☐ Delete  
NAME HAVLOCK, MILDRED  
STREET ADDRESS 5535 U.S. 27 SOUTH  
CITY - ST - ZIP SEBRING, FL 33870

TITLE **VP** ☐ Delete  
NAME HAVLOCK, TODD  
STREET ADDRESS 5535 U.S. 27 SOUTH  
CITY - ST - ZIP SEBRING, FL 33870

TITLE **S** ☐ Delete  
NAME ANZUETO, GINA  
STREET ADDRESS 5535 U.S. 27 SOUTH  
CITY - ST - ZIP SEBRING, FL 33870

TITLE **T** ☐ Delete  
NAME ANZUETO, JOSE  
STREET ADDRESS 5535 U.S. 27 SOUTH  
CITY - ST - ZIP SEBRING, FL 33870

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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:

*Mildred Havlock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/07*

Date

*(863) 382-1117*

Daytime Phone #