

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 718860**

1. Entity Name  
**HOW-HOUSE, INC.**



Principal Place of Business  
**1116 MAIN ST.  
TITUSVILLE, FL 32796-3352**

Mailing Address  
**P.O. BOX 6167  
TITUSVILLE, FL 32782-6167**



04162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7098499**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**MITCHELL, ROSE K  
2604 TOMOKA AVE  
TITUSVILLE, FL 32780**

**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

*Rose K. Mitchell* *Rose K. Mitchell* *4/24/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**SD  
MITCHELL, ROSE  
2604 TOMOKA  
TITUSVILLE, FL 32780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LUNDY, JOHN  
3840 RICHY ROAD  
MIMS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DECATUR, ROBERT  
7990 WINDOVER WY  
TITUSVILLE, FL 32780**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MITCHELL, MARY  
1756 ROBINHOOD AVE  
TITUSVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000748046  
05/17/07-80048-022 61.25

**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 617, 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

*Rose K. Mitchell* *Rose K. Mitchell*

*4/24/07*

*321-269-4629*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #