


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 723127
 1. Entity Name
 FLORIDA HOUSE, WASHINGTON, D.C., INC



Principal Place of Business Mailing Address
 #1 SECOND STREET, N.E.
 WASHINGTON, DC 20002 #1 SECOND STREET, N.E.
 WASHINGTON, DC 20002

DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 52-0986312 Not Applicable

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

6. Name and Address of Current Registered Agent
 KIBLER, D. BURKE
 92 LAKE WIRE DRIVE
 LAKELAND, FL 33802

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTRD
NAME	THOMAS, SANDY
STREET ADDRESS	16404 AVILA BLVD
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	TTRD
NAME	MARRINSON, RALPH
STREET ADDRESS	1601 NE 26TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	STRD
NAME	WILSON, LYNNE
STREET ADDRESS	2819 N 11TH ST
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	CTRD
NAME	BUSH, COLUMBA
STREET ADDRESS	700 N ADAMS ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VD
NAME	WOODROFFE, PATSY
STREET ADDRESS	2805 SAMARA DR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	M
NAME	HUDSON, BART
STREET ADDRESS	5805 IPSWICH ROAD
CITY-ST-ZIP	BETHESDA, MD 20814

U00000227803
 02/14/05-80013-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bart G. Hudson BART G. HUDSON 2/7/05 202.546.1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #