

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90102 034 ***150.00

DOCUMENT # G78224

1. Entity Name
HAPPY HOUSE SALES CORPORATION



Principal Place of Business
**11752 LIPSEY ROAD
TAMPA, FL 33618 US**

Mailing Address
**11752 LIPSEY ROAD
TAMPA, FL 33618 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2381668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNAYER, HAROLD
11752 LIPSEY ROAD
TAMPA, FL 33618**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**DP
DUNAYER, HAROLD
11752 LIPSEY ROAD
TAMPA, FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP ☐ Delete

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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: X *Harold Dunayer* Harold Dunayer, President

Date *3/8/07* (813) 968-3070 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR