

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # J17444	
1. Entity Name TRUST HOUSE, INC.	
Principal Place of Business 4901 N. FEDERAL HWY 300 FT. LAUDERDALE, FL 33308 US	Mailing Address 4901 N. FEDERAL HWY 300 FT. LAUDERDALE, FL 33308 US



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0001341	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, RAY B.
4901 N. FEDERAL HWY
300
FT. LAUDERDALE, FL 33308

**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 Ray B. West President DATE 2/1/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PST WEST, RAY B. 4901 N. FEDERAL HWY, #300 FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WEST, ROBERT E 4901 N. FEDERAL HWY, #300 FT. LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEAN, JAMES D 4901 N. FEDERAL HWY, #300 FT. LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARENA, PATRICIA M 4901 N. FEDERAL HWY, #300 FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OTERO, AL 4901 N. FEDERAL HWY, #300 FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERRIER, SCOTT 4901 N. FEDERAL HWY, #300 FORT LAUDERDALE, FL 33308
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04/08/05-80072-015 158.75

**DO NOT WRITE
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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)(i), 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:

Ray B. West President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #