

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 036 ***158.75

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**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01092007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0001341

Applied For
Not Applicable

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**

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	C	<input type="checkbox"/> Delete
NAME	WEST, RAY B.	
STREET ADDRESS	4901 N. FEDERAL HWY, #300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEST, ROBERT E	
STREET ADDRESS	4901 N. FEDERAL HWY, #300	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DEAN, JAMES D	
STREET ADDRESS	4901 N. FEDERAL HWY, #300	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARENA, PATRICIA M	
STREET ADDRESS	4901 N. FEDERAL HWY, #300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OTERO, AL	
STREET ADDRESS	4901 N. FEDERAL HWY, #300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VERRIER, SCOTT	
STREET ADDRESS	4901 N. FEDERAL HWY, #300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #