

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K60738

1. Entity Name
HOUSEMAN-CARLYSLE GROUP, INC.



**FILED
Jan 12, 2004 8:00 am
Secretary of State**

01-12-2004 90008 004 ***150.00

44000943

Principal Place of Business
4066 COACHMAN ROAD
MILTON, FL 32583 US

Mailing Address
4066 COACHMAN ROAD
MILTON, FL 32583 US

2. Principal Place of Business
5480 Dogwood Dr.

3. Mailing Address
5480 Dogwood Dr

Suite, Apt. #, etc.

City & State
Milton, FL

City & State
Milton, FL

Zip **32570** Country **US**

Zip **32570** Country **US**

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2924068

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMPTON, ROBERT C
4066 COACHMAN ROAD
MILTON, FL 32583

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** Delete
NAME **HAMPTON, ROBERT C.**
STREET ADDRESS **4066 COACHMAN ROAD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **V** Delete
NAME **LOCKE, ALEXANDER T**
STREET ADDRESS **3700 MARTIN STREET**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **ST** Delete
NAME **HAMPTON, ELIZABETH A.**
STREET ADDRESS **4066 COACHMAN RD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **D** Delete
NAME **MOENY, WILLIAM S**
STREET ADDRESS **PO BOX 90894**
CITY-ST-ZIP **ALBUQUERQUE, NM 871990894**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Elizabeth A. Hampton **Elizabeth A. Hampton** **1/6/04** **850-983-0034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #