

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

8/1

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90003 036 \*\*\*150.00

**DOCUMENT # K98956**

1. Entity Name  
**THE HOUSE OF FIXTURES, INC.**



Principal Place of Business  
**7818 N. ARMENIA AVE  
TAMPA, FL 33604 US**

Mailing Address  
**7818 N. ARMENIA AVE  
TAMPA, FL 33604 US**

**66432389**



**DO NOT WRITE IN THIS SPACE**

05202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2965914**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLOYD, MARY HELEN**  
**7818 N. ARMENIA AVE**  
**TAMPA, FL 33604**

*DEC 10*  
**William Lloyd Floyd**  
**7818 N. ARMENIA AVE.**  
**TAMPA, FL 33604**

**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 *William Lloyd Floyd*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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  
**PSD  
FLOYD, HELEN  
10701 AL CAPONE ROAD  
TAMPA, FL**

*DEC 10*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FLOYD, WILLIAM LLOYD  
10701 AL CAPONE ROAD  
TAMPA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 officers empowered.

SIGNATURE: *William L. Floyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-16-04* *813-961-3370*  
Date Daytime Phone

Attachment

66432389

House of Fixtures, Inc.  
7818-A North Armenia Ave.  
Tampa, FL 33604  
813-935-8989

August 4, 2004

Florida Department of State  
Division of Corporations

P.O. BOX 6327

Tallahassee, FL 32314

Subject: The House of Fixtures

REF#K98956

Letter #804A00042662

To Whom It May Concern:

We recently received a letter to file for our profit annual report. It stated that we owed \$150.00 for the annual fee plus \$400.00 in late fees. We never received the first Uniform Business Report and were unaware of the fees owed. Upon receipt of the second notice, our accountant sent a check for \$250.00 and a letter requesting the fees to be waived. It was returned with instructions to send this letter notifying the Div. Of Corp. of non-receipt of the original U.B.R. If for any reason this letter is insufficient, please notify me as soon as possible, as the deadline is soon approaching.

Thank you,

Jocelyn R. Floyd  
Jocelyn Floyd