

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90072 011 \*\*\*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

**50021140**



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2965914**

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

Applied For  
Not Applicable

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

LLOYD FLOYD, WILLIAM  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	TD
NAME	FLOYD, WILLIAM LLOYD
STREET ADDRESS	10701 AL CAPONE ROAD
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	FLOYD, ROBERT L
STREET ADDRESS	17847 DRIFTWOOD LANE
CITY-ST-ZIP	Lutz, FL 33549
TITLE	D
NAME	CIANCI, KATHY L
STREET ADDRESS	6214 PALMVIEW
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	Deschamps, Sharon L
STREET ADDRESS	11304 BILLINGHAM
CITY-ST-ZIP	Tampa, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 like empowered.

**SIGNATURE:** *William L. Floyd* William L. Floyd

*p2-23-05*  
Date

*p813-961-3370*  
Daytime Phone #