

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007617

FILED
Aug 10, 2004
Secretary of State**Entity Name:** HOUSTON SUPPORT SERVICES INC.**Current Principal Place of Business:**4222 RICHMOND AVE.
NEW PORT RICHEY, FL 34652 US**New Principal Place of Business:****Current Mailing Address:**4222 RICHMOND AVE.
NEW PORT RICHEY, FL 34652 US**New Mailing Address:****FEI Number:** 56-2399515**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEISSE, MARSHA POA
1111 N. WESTSHORE AVENUE
SUITE 214
TAMPA, FL 33607 US**Name and Address of New Registered Agent:**JACOBS, BARBARA
8605 BRIDGEWATER DR.
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE: BARBARA JACOBS, PRESIDENT

08/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOUSTON, MARCY L
Address: 4222 RICHMOND AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACOBS, BARBARA
Address: 8605 BRIDGEWATER DR.
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP () Change (X) Addition
Name: HOUSTON, DENNIS
Address: 4222 RICHMOND AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S/T () Change (X) Addition
Name: LIGERTWOOD, VICKI
Address: 7021 BOUGENVILLE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Change (X) Addition
Name: LIGERTWOOD, PAUL
Address: 7021 BOUGENVILLE DR.
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA JACOBS

P

08/10/2004

Electronic Signature of Signing Officer or Director

Date