2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36205

City-St-Zip:

TAMPA, FL 33603 US

EDANICIS HOLISE INIC

FILED Jan 20, 2009 Secretary of State

Entity Na	me: FRANCIS	S HOUSE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
4703 N. FL TAMPA, F	_ORIDA AVE L 33603 US	6			
Current Mailing Address:			New Mailing Address:		
4703 N. FL TAMPA, F	_ORIDA AVE L 33603 US	3			
FEI Number	: 59-2999484	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	, JOY A ED LORIDA AVE. L 33603 US	3			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WINHEIM, JÔY 27144 LA JOLL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () SHUTE, PETER 4703 N. FLORII TAMPA, FL 330	DA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BECKNER, KEN 4703 N. FLORII TAMPA, FL 330	DA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () GONZALES, HE 4703 N. FLORI		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: JOY WINHEIM D 01/20/2009