


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005135	
1. Entity Name THIS HOUSE INC.	

Principal Place of Business 504 SEMINOLE ST CLEARWATER, FL 33755	Mailing Address 504 SEMINOLE ST CLEARWATER, FL 33755
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03152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3235294	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAUTZ, STEPHEN 233 3RD ST. NORTH SAFETY HARBOR, FL 34695
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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** _____

Filing Fee Is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000133370
04/27/04-80084-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED KAUTZ, STEPHEN 233 3RD ST. NORTH SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAUTZ, PAMELA C. 233 3RD ST. N. SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM WALLACE, AARON 324 3RD AVE. NORTH SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM MONTGOMERY, MICHAEL 1163 DREW STREET CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM GULKIS, DENNIS 255 2ND AVENUE NORTH SAFETY HARBOR, FL 34695
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)(f), 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 617, 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: Stephen Kautz **4/22/04** ⁷²⁷ **796-4297**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #